| | Cuse 17 01202 3 0110 Boo | , 10 Thea 04 | 724/17 Entered 04/24/17 17:00:0 | i ag | JC 1 01 00 |
|----------------|--|-----------------------|---|--------------|--------------------------------|
| Fill i | n this information to identify your case: | | | | |
| Debt | or 1 Brian Keith Sawyer | | | | |
| 5.1. | First Name M | liddle Name | Last Name | | |
| Debt (Spous | tions trining carryer | liddle Name | Last Name | | |
| Unite | ed States Bankruptcy Court for the:EAST | ERN DISTRICT OF | NORTH CAROLINA | | |
| Case | e number 17-01282-5 | | | | |
| (if know | | | | | k if this is an nded filing |
| | | | | | |
| | icial Form 106Sum | | | | |
| | | | I Certain Statistical Information | | 12/15 |
| inforr | | then complete the | re filing together, both are equally responsible information on this form. If you are filing amen he box at the top of this page. | | |
| Part | 1: Summarize Your Assets | | | | |
| | | | | Your a | assets of what you own |
| | Schedule A/B: Property (Official Form 106/ 1a. Copy line 55, Total real estate, from Scho | | | \$ | 269,760.00 |
| | 1b. Copy line 62, Total personal property, fro | om Schedule A/B | | \$ | 182,172.24 |
| | 1c. Copy line 63, Total of all property on Sch | edule A/B | | \$ | 451,932.24 |
| Part: | 2: Summarize Your Liabilities | | | | |
| | | | | Your I | iabilities |
| | | | | Amour | nt you owe |
| | Schedule D: Creditors Who Have Claims Se 2a. Copy the total you listed in Column A, Ar | | Official Form 106D) e bottom of the last page of Part 1 of <i>Schedule D</i> | . \$ | 272,971.73 |
| | Schedule E/F: Creditors Who Have Unsecur 3a. Copy the total claims from Part 1 (priorit | | from 106E/F) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpr | iority unsecured clai | ms) from line 6j of Schedule E/F | \$ | 77,931.32 |
| | | | Vous total linkilitie | - 6 | 050 000 05 |
| | | | Your total liabilities | Б | 350,903.05 |
| Part | 3: Summarize Your Income and Expens | ses | | | |
| | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from lii | | | \$ | 6,425.10 |
| | Schedule J: Your Expenses (Official Form 10 Copy your monthly expenses from line 22c of the copy your monthly expenses from li | | | \$ | 4,667.00 |
| Part - | 4: Answer These Questions for Admini | strative and Statist | ical Records | | |
| 6. | Are you filing for bankruptcy under Chapt ☐ No. You have nothing to report on this p | | ck this box and submit this form to the court with y | our other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | · | | |
| | | | | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

| Brian Keith Sawyer Rene' Whitley Sawyer` | Case number (if known) | 17-01282-5 | |
|---|------------------------|------------|--|
| | | | |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

14,588.36

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | , | your case and th | is illing. | | | |
|---|---|-----------------------|--------------------------------------|--|--|--|
| Debtor 1 | Brian Keith S | | | | | |
| | First Name | | Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | Rene' Whitle | | Name | Last Name | | |
| (Spouse, ir filling) | Tilstivanie | iviidale | inaille | Lastivanie | | |
| United States B | Sankruptcy Court for | the: EASTERN | DISTRICT (| OF NORTH CAROLINA | | |
| Case number | 17-01282-5 | | | | | ☐ Check if this is an amended filing |
| Official Fo | orm 106A/B | 3_ | | | | |
| Schedu | le A/B: Pr | operty | | | | 12/15 |
| Part 1: Describe | | uilding, Land, or Ot | her Real Esta | ate You Own or Have an Interest In | | · |
| . Do you own or | have any legal or eq | uitable interest in a | ny residence | e, building, land, or similar property? | | |
| П., | | | | | | |
| ☐ No. Go to Pa | | | | | | |
| Voc Whore | | | | | | |
| - res. where | is the property? | | | | | |
| - res. where | e is the property? | | | | | |
| | s is the property? | | | | | |
| 1.1 | | | What is th | ne property? Check all that apply | | |
| 1.1 920 Sour | ndside Road | cription | Sin | ngle-family home | | claims or exemptions. Put |
| 1.1 920 Sour | | cription | ■ Sin | ngle-family home plex or multi-unit building | the amount of any secur | claims or exemptions. Put red claims on <i>Schedule D:</i> nims Secured by Property. |
| 1.1 920 Sour | ndside Road | cription | ■ Sin | ngle-family home | the amount of any secur | red claims on Schedule D: |
| 1.1 920 Sour | ndside Road | cription | Sin Dul | ngle-family home plex or multi-unit building | the amount of any secur Creditors Who Have Cla | red claims on Schedule D: nims Secured by Property. |
| 1.1 920 Sour | ndside Road s, if available, or other des | cription 27932-0000 | Sin Dup | ngle-family home plex or multi-unit building ndominium or cooperative unufactured or mobile home | the amount of any secur Creditors Who Have Cla | red claims on Schedule D: aims Secured by Property. Current value of the |
| 920 Sour | ndside Road s, if available, or other des | | Sin Dul | ngle-family home plex or multi-unit building ndominium or cooperative unufactured or mobile home | the amount of any secur Creditors Who Have Cla | red claims on Schedule D: nims Secured by Property. |
| 920 Sour Street address | ndside Road s, if available, or other desi NC | 27932-0000 | Sin Du Cor Ma Lar | ngle-family home plex or multi-unit building ndominium or cooperative unufactured or mobile home | the amount of any securic Creditors Who Have Classifications Current value of the entire property? \$180,440.00 | ced claims on Schedule D: aims Secured by Property. Current value of the portion you own? \$180,440.00 |
| 920 Sour Street address | ndside Road s, if available, or other desi NC | 27932-0000 | Sin Du Cor Ma Lar | ngle-family home plex or multi-unit building ndominium or cooperative unufactured or mobile home nd restment property neshare | the amount of any securic Creditors Who Have Classifications Current value of the entire property? \$180,440.00 Describe the nature of | red claims on Schedule D: aims Secured by Property. Current value of the portion you own? |
| 920 Sour Street address | ndside Road s, if available, or other desi NC | 27932-0000 | Sin Duj Coi Ma Lar Inv Ott | ngle-family home plex or multi-unit building ndominium or cooperative unufactured or mobile home nd restment property neshare | Current value of the entire property? \$180,440.00 Describe the nature of (such as fee simple, te a life estate), if known. | Current value of the portion you own? \$180,440.00 your ownership interest enancy by the entireties, or |
| 920 Sour Street address Edenton City | ndside Road s, if available, or other desi NC | 27932-0000 | Sin Dul Col Ma Lar Invo | ngle-family home plex or multi-unit building Indominium or cooperative Inufactured or mobile home Ind Index in the property Check one Index in the property? Check one Index in the property? Check one Index in the property? | the amount of any securic Creditors Who Have Classifications Current value of the entire property? \$180,440.00 Describe the nature of (such as fee simple, te | Current value of the portion you own? \$180,440.00 your ownership interest enancy by the entireties, or |
| 920 Sour Street address | ndside Road s, if available, or other desi NC | 27932-0000 | Sin Dul Col Ma Lar Invo | ngle-family home plex or multi-unit building Indominium or cooperative Inufactured or mobile home Ind Indeximal estment property Ineshare Iner Iner Iner Iner Iner Iner Iner In | Current value of the entire property? \$180,440.00 Describe the nature of (such as fee simple, te a life estate), if known. | Current value of the portion you own? \$180,440.00 your ownership interest enancy by the entireties, or |
| 920 Sour Street address Edenton City | ndside Road s, if available, or other desi NC | 27932-0000 | Sin Du Cor Ma Lar Inv Oth Who has a | ngle-family home plex or multi-unit building Indominium or cooperative Inufactured or mobile home Ind Index in the property Check one Index in the property? Check one Index in the property? Check one Index in the property? | the amount of any secur Creditors Who Have Classifications which have c | Current value of the portion you own? \$180,440.00 your ownership interest mancy by the entireties, o |
| 920 Sour Street address Edenton City Chowan | ndside Road s, if available, or other desi NC | 27932-0000 | Sin Dul Cor Ma Lar Inv Ott Who has a | ngle-family home plex or multi-unit building Indominium or cooperative Inufactured or mobile home Ind Index in the property of the cooperative Inufactured or mobile home Ind Index in the property of the cooperative Index in the property? Check one | the amount of any secur Creditors Who Have Classifications which have c | Current value of the portion you own? \$180,440.00 |
| 920 Sour Street address Edenton City Chowan | ndside Road s, if available, or other desi NC | 27932-0000 | Sin Dul Cor At I Other info | ngle-family home plex or multi-unit building Indominium or cooperative Inufactured or mobile home Ind Indominium property Indexing the property Indexing the property? Check one Ind Indominium or cooperative Indexing the property Indexing the property? Check one Indexing the property of the property? Indexing the property of | the amount of any secur Creditors Who Have Classifications Current value of the entire property? \$180,440.00 Describe the nature of (such as fee simple, to a life estate), if known. Fee simple Check if this is con (see instructions) | Current value of the portion you own? \$180,440.0 your ownership interest mancy by the entireties, o |

| Debto | | Brian Keith Sawy Rene' Whitley Sa | | | | Case number (if known) | 17-01 | 282-5 |
|-------|-------------|--------------------------------------|------------------|-----------|--|------------------------|-------------|--|
| | lf you c | own or have mor | e than one, list | | | | | |
| 1.2 | | | | Wha | t is the property? Check all that apply | | | |
| _ | | orris Circle | | _ | Single-family home | | | s or exemptions. Put |
| ; | Street addr | ess, if available, or other d | lescription | | Duplex or multi-unit building | | | laims on Schedule D: Secured by Property. |
| | | | | | Condominium or cooperative | Creditors write rial | ve Ciairris | Secured by Froperty. |
| | | | | | | | | |
| | | | | | Manufactured or mobile home | Current value of t | he | Current value of the |
| | Edento | n NC | 27932-0000 | | Land | entire property? | | portion you own? |
| _ | City | State | ZIP Code | _ 🗆 | Investment property | \$89,320 | 0.00 | \$89,320.00 |
| | | | | | Timeshare | B | | |
| | | | | | Other | | | r ownership interest cy by the entireties, or |
| | | | | Who | has an interest in the property? Check or | | | . , ., , |
| | | | | | Debtor 1 only | Fee simple | | |
| (| Chowa | n | | | Debtor 2 only | | | |
| - | County | | | _ | Debtor 1 and Debtor 2 only | | | |
| | oou, | | | _ | · · · · · · · · · · · · · · · · · · · | | | unity property |
| | | | | | The found of the debtors and arrother | (see instructions | 3) | |
| | | | | | r information you wish to add about this | s item, such as local | | |
| | | | | | erty identification number: | | | |
| | | | | Ren | tal Property | | | |
| . Ca | rs, vans | , trucks, tractors, | | | Schedule G: Executory Contracts and prcycles | | | |
| | | | | | | | | |
| • | res . | | | | | | | |
| 3.1 | Make: | Toyota | | Who has a | in interest in the property? Check one | | | ns or exemptions. Put claims on Schedule D: |
| | Model: | Tacoma | | Debtor | 1 only | | | Secured by Property. |
| | Year: | 2013 | | ☐ Debtor | • | Current value of | the | Current value of the |
| | Approxi | imate mileage: | 53000 | | 1 and Debtor 2 only | entire property? | | portion you own? |
| | | nformation: | <u>-</u> | | one of the debtors and another | | • | |
| | Clean | Retail Value | | | | | | |
| | VIN# | 5TFLU4EN4DX0 | 77688 | | if this is community property tructions) | \$15,850 |).00 | \$15,850.00 |
| 3.2 | Make: | Toyota | | Who has a | in interest in the property? Check one | Do not deduct sec | cured clain | ns or exemptions. Put |
| J.Z | | Prius | | | • • • • • • • • • | the amount of any | secured of | claims on Schedule D: |
| | Model: | 2010 | | ☐ Debtor | | Creattors wno Ha | ve Claims | Secured by Property. |
| | Year: | | | Debtor | | Current value of | | Current value of the |
| | | imate mileage: | 196,000 | | 1 and Debtor 2 only | entire property? | 1 | portion you own? |
| | | nformation: | | At least | one of the debtors and another | | | |
| | | Retail Value | 10.105 | — | | to sec | 1 00 | ¢0 250 00 |
| | VIN# | JTDKN3DUXA51 | 19428 | | if this is community property tructions) | \$8,350 | ,.UU | \$8,350.00 |

| Debto Debto | | rian Keith Sawyer ene' Whitley Sawye | r`Ca | ase number (if known) 17 | '-01282-5 |
|----------------|-------------------|--|---|--------------------------|---|
| 3.3 | Make: Model: | WESC | Who has an interest in the property? Check one Debtor 1 only | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: laims Secured by Property. |
| | Year: | 1997 | Debtor 2 only | Current value of the | Current value of the |
| | Approxin | nate mileage: | ☐ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other inf | ormation: | At least one of the debtors and another | | |
| | Jon Bo | oat Trailer | Check if this is community property (see instructions) | \$200.00 | \$200.00 |
| 3.4 | Make: | Carr | Who has an interest in the property? Check one | | claims or exemptions. Put ured claims on Schedule D: |
| | Model: | | Debtor 1 only | | laims Secured by Property. |
| | Year: | 2005 | Debtor 2 only | Current value of the | Current value of the |
| | Approxin | nate mileage: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other inf | formation: | At least one of the debtors and another | | |
| | Utility VIN# 4 | Trailer YMUL0 | Check if this is community property (see instructions) | \$300.00 | \$300.00 |
| 4.1 | Make: | John Boat | Who has an interest in the property? Check one ☐ Debtor 1 only | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: laims Secured by Property. |
| | Model: | | Debtor 1 only | | |
| | Year: | 1994 | Debtor 2 only | Current value of the | Current value of the |
| | | | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other inf | formation: | ☐ At least one of the debtors and another | | |
| | 16' 25 | HP Johnson | Check if this is community property (see instructions) | \$1,000.00 | \$1,000.00 |
| .ра | ges you | have attached for Part | on you own for all of your entries from Part 2, including ar 2. Write that number here | | \$25,700.00 |
| | | be Your Personal and Ho | | | |
| ро ус | ou own c | or have any legal or equ | uitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Ex — | amples: No | goods and furnishings Major appliances, furnitu scribe | s ure, linens, china, kitchenware | | |
| | | Small K | Citchen Apliances | | \$50.00 |
| | | Oven | | | \$100.00 |
| | | Refrige | rator | | \$75.00 |
| | | Eroozor | | | \$50.00 |

| Debtor 1 Debtor 2 | Brian Keith Sawyer Rene' Whitley Sawyer` | Case number (if known) | 17-01282-5 |
|-----------------------------------|--|------------------------|------------|
| | Washer and dryer | | \$250.00 |
| | China and Silver | | \$20.00 |
| | Living Room Furniture | | \$650.00 |
| | Dining Room Furniture | | \$300.00 |
| | Bedroom Furniture | | \$800.00 |
| | Lawn Furniture | | \$30.00 |
| | Two televisions | | \$200.00 |
| | Riding Lawn Mower | | \$1,000.00 |
| 8. Collect Examp No Yes 9. Equipm | tibles of value bles: Antiques and figurines; paintings, prints, or other artwork; books, picture other collections, memorabilia, collectibles bles: Describe ment for sports and hobbies bles: Sports, photographic, exercise, and other hobby equipment; bicycles, p musical instruments | | |
| ■ Yes | Two Bows and Arrows | | \$1,200.00 |
| □ No | rms nples: Pistols, rifles, shotguns, ammunition, and related equipment s. Describe | | |
| | 1 45 Springfield Armory, 45' Cig Sour, 38 Spec | ial | \$800.00 |
| □ No | nples: Everyday clothes, furs, leather coats, designer wear, shoes, accessori | ies | |
| ■ Yes | Debtors' Clothing | | \$150.00 |

| Debtor 1 Debtor 2 | Brian Keith Sawyer Rene' Whitley Sawy | | Case number (i | f known) | 17-01282-5 |
|------------------------|--|---------------------|--|-------------|---|
| ■ No | mples: Everyday jewelry, co | stume jewelry, enga | gement rings, wedding rings, heirloom jewelry, watches, | gems, g | old, silver |
| Exai ■ No | farm animals mples: Dogs, cats, birds, ho s. Describe | rses | | | |
| 14. Any ■ No | other personal and house | | not already list, including any health aids you did no | ot list | |
| | | | art 3, including any entries for pages you have attac | hed | \$5,675.00 |
| | Describe Your Financial Asse own or have any legal or e | | any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | mples: Money you have in y | | ome, in a safe deposit box, and on hand when you file yo | our petitic | on |
| | | | Cash | | \$50.00 |
| Exal | institutions. If you ha | | ounts; certificates of deposit; shares in credit unions, bro with the same institution, list each. Institution name: | kerage h | ouses, and other similar |
| | 17.1. | Checking | PNC Checking | | \$963.18 |
| | 17.2. | Checking | SECU Rene | | \$258.00 |
| | 17.3. | Checking | SECU Brian | | \$134.00 |
| | 17.4. | Savings | PNC | | \$4,529.37 |
| | 17.5. | Savings | SECU | | \$2,860.03 |
| Exal ■ No | • | | okerage firms, money market accounts | | |

page 5

| | ebtor 1 ebtor 2 | Brian Keith Sawyer Rene' Whitley Sawyer` | Case number (if | known) | 17-01282-5 |
|-----|--------------------------|---|---|-------------|--|
| 19. | joint v | • | orated and unincorporated businesses, including an | interest i | in an LLC, partnership, and |
| | ■ No | | | | |
| | ☐ Yes. | Give specific information about them | % of ownership |) : | |
| 20. | Negoti Non-ne | | tiable and non-negotiable instruments hiers' checks, promissory notes, and money orders. nsfer to someone by signing or delivering them. | | |
| | ■ No □ Yes. | Give specific information about them Issuer name: | | | |
| 21. | Examp □ No | | 03(b), thrift savings accounts, or other pension or profit-s | sharing pl | ans |
| | Yes. | List each account separately. Type of account: | Institution name: | | |
| | | 401(k) | Milliman, Inc. Simpson Manufacturing Co., Inc. 401(k) F Sharing Plan | Profit | \$115,196.66 |
| 22. | Your sl Examp ■ No | | that you may continue service or use from a company public utilities (electric, gas, water), telecommunications Institution name or individual: | companie | es, or others |
| 23. | | | ey to you, either for life or for a number of years) | | |
| | ■ No □ Yes | Issuer name and description. | | | |
| 24. | | s in an education IRA, in an account in a qu C. §§ 530(b)(1), 529A(b), and 529(b)(1). | ualified ABLE program, or under a qualified state tuit | tion prog | ram. |
| | ☐ Yes | Institution name and description | n. Separately file the records of any interests.11 U.S.C. § | 521(c): | |
| 25. | ■ No | | ther than anything listed in line 1), and rights or pow | ers exer | cisable for your benefit |
| | ☐ Yes. | Give specific information about them | | | |
| 26. | | copyrights, trademarks, trade secrets, an iles: Internet domain names, websites, procee | | | |
| | ☐ Yes. | Give specific information about them | | | |
| 27. | Examp ■ No | es, franchises, and other general intangible les: Building permits, exclusive licenses, coop Give specific information about them | es erative association holdings, liquor licenses, professiona | al licenses | 5 |
| М | onev or i | property owed to you? | | | Current value of the |
| IVI | oney or p | property owed to you? | | | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref ■ No | unds owed to you | | | |
| | _ | Give specific information about them, including | g whether you already filed the returns and the tax years. | | |

| | ebtor 1 ebtor 2 | Brian Keith Sawyer Rene' Whitley Sawyer` | | Case number (if known) | 17-01282-5 |
|-----|--------------------|--|--|---|----------------------------|
| 29. | Family | support | | | |
| | Examp | • • | nony, spousal support, child supp | ort, maintenance, divorce settlement, property | settlement |
| | ■ No | Give specific information | | | |
| | □ 165. | Give specific information | | | |
| 30. | | amounts someone owes you bles: Unpaid wages, disability i benefits; unpaid loans you | nsurance payments, disability ben | nefits, sick pay, vacation pay, workers' comper | nsation, Social Security |
| | Yes. | Give specific information | | | |
| | | | Debtor is receiving install | ments of \$2062.00 from the sale of | |
| | | | | hese proceeds will cease with the | \$26,806.00 |
| 31. | Examµ ■ No | , | | (HSA); credit, homeowner's, or renter's insurar | ice |
| | ⊔ Yes. | | of each policy and list its value. ny name: | Beneficiary: | Surrender or refund value: |
| 32. | If you a some o | | you from someone who has die rust, expect proceeds from a life in | ed asurance policy, or are currently entitled to rece | eive property because |
| 33. | Examµ ■ No | | ner or not you have filed a lawsu isputes, insurance claims, or rights | it or made a demand for payment s to sue | |
| 34. | Other o | contingent and unliquidated | claims of every nature, includin | g counterclaims of the debtor and rights to | set off claims |
| | ☐ Yes. | Describe each claim | | | |
| 35. | ■ No | ancial assets you did not al | ready list | | |
| | ☐ Yes. | Give specific information | | | |
| 36 | | | | ny entries for pages you have attached | \$150,797.24 |
| Pa | rt 5: De | scribe Any Business-Related Pro | operty You Own or Have an Interest | In. List any real estate in Part 1. | |
| 37. | Do you o | own or have any legal or equitab | ele interest in any business-related p | property? | |
| | | to Part 6. | | | |
| | ☐ Yes. G | Go to line 38. | | | |
| Pa | | scribe Any Farm- and Commerci ou own or have an interest in farmi | ial Fishing-Related Property You Ow land, list it in Part 1. | rn or Have an Interest In. | |
| 46. | | own or have any legal or ed | quitable interest in any farm- or | commercial fishing-related property? | |
| | ☐ Yes | . Go to line 47. | | | |
| Pa | rt 7: | Describe All Property You Ow | n or Have an Interest in That You Die | d Not List Above | |

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| Debto Debto | | | Case number (if known) | 17-01282-5 |
|----------------|--|---------------|---------------------------|--------------------------|
| | o you have other property of any kind you did not already list? Examples: Season tickets, country club membership | | | |
| | No | | | |
| | Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write tha | t number here | | \$0.00 |
| Part 8 | List the Totals of Each Part of this Form | | | |
| 55. I | Part 1: Total real estate, line 2 | | | \$269,760.00 |
| 56. I | Part 2: Total vehicles, line 5 | \$25,700.00 | | |
| 57. I | Part 3: Total personal and household items, line 15 | \$5,675.00 | | |
| 58. I | Part 4: Total financial assets, line 36 | \$150,797.24 | | |
| 59. I | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. I | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. I | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$182,172.24 | Copy personal property to | otal \$182,172.24 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$451,932,24 |

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| Fill in this infor | rmation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-------------------|-----------------------|
| Debtor 1 | Brian Keith Sawy | er | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Rene' Whitley Say | wyer` | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | PF NORTH CAROLINA | |
| Case number | 17-01282-5 | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| 920 Soundside Road Edenton, NC 27932 Chowan County | \$180,440.00 | | \$11,968.00 | N.C. Gen. Stat. § 1C-1601(a)(1) | |
| Debtors' Home Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | 10 1001(a)(1) | |
| 113 Morris Circle Edenton, NC 27932 Chowan County | \$89,320.00 | | \$2,141.00 | N.C. Gen. Stat. § 1C-1601(a)(2) | |
| Rental Property Line from Schedule A/B: 1.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2013 Toyota Tacoma 53000 miles Clean Retail Value | \$15,850.00 | | \$0.00 | N.C. Gen. Stat. § 1C-1601(a)(3) | |
| VIN # 5TFLU4EN4DX077688 Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2010 Toyota Prius 196,000 miles Clean Retail Value | \$8,350.00 | | \$3,500.00 | N.C. Gen. Stat. § 1C-1601(a)(3) | |
| VIN # JTDKN3DUXA5119428 Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2010 Toyota Prius 196,000 miles Clean Retail Value | \$8,350.00 | | \$4,850.00 | N.C. Gen. Stat. § 1C-1601(a)(2) | |
| VIN # JTDKN3DUXA5119428 Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | | |

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Brian Keith Sawyer Debtor 1 17-01282-5 Rene' Whitley Sawyer' Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 1997 WESC N.C. Gen. Stat. § 1C-1601(a)(2) \$200.00 \$200.00 Jon Boat Trailer 100% of fair market value, up to Line from Schedule A/B: 3.3 any applicable statutory limit 2005 Carr N.C. Gen. Stat. § 1C-1601(a)(3) \$300.00 \$300.00 **Utility Trailer** VIN# 4YMUL0 100% of fair market value, up to Line from Schedule A/B: 3.4 any applicable statutory limit 1994 John Boat N.C. Gen. Stat. § 1C-1601(a)(2) \$1,000.00 \$1,000.00 16' 25HP Johnson Line from Schedule A/B: 4.1 100% of fair market value, up to any applicable statutory limit **Small Kitchen Apliances** N.C. Gen. Stat. § 1C-1601(a)(4) \$50.00 \$50.00 Line from Schedule A/B: 6.1 100% of fair market value, up to any applicable statutory limit Oven N.C. Gen. Stat. § 1C-1601(a)(4) \$100.00 \$100.00 Line from Schedule A/B: 6.2 100% of fair market value, up to any applicable statutory limit Refrigerator N.C. Gen. Stat. § 1C-1601(a)(4) \$75.00 Line from Schedule A/B: 6.3 П 100% of fair market value, up to any applicable statutory limit Freezer N.C. Gen. Stat. § 1C-1601(a)(4) \$50.00 \$50.00 Line from Schedule A/B: 6.4 п 100% of fair market value, up to any applicable statutory limit Washer and dryer N.C. Gen. Stat. § 1C-1601(a)(4) \$250.00 \$250.00 Line from Schedule A/B: 6.5 100% of fair market value, up to any applicable statutory limit China and Silver N.C. Gen. Stat. § 1C-1601(a)(4) \$20.00 \$20.00 Line from Schedule A/B: 6.6 100% of fair market value, up to any applicable statutory limit **Living Room Furniture** N.C. Gen. Stat. § 1C-1601(a)(4) \$650.00 \$650.00 Line from Schedule A/B: 6.7 100% of fair market value, up to any applicable statutory limit **Dining Room Furniture** N.C. Gen. Stat. § 1C-1601(a)(4) \$300.00 \$300.00 Line from Schedule A/B: 6.8 100% of fair market value, up to any applicable statutory limit

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Brian Keith Sawyer Debtor 1 17-01282-5 Rene' Whitley Sawyer' Debtor 2 Case number (if known) Amount of the exemption you claim Brief description of the property and line on Current value of the Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Bedroom Furniture** N.C. Gen. Stat. § 1C-1601(a)(4) \$800.00 \$800.00 Line from Schedule A/B: 6.9 100% of fair market value, up to any applicable statutory limit Lawn Furniture N.C. Gen. Stat. § 1C-1601(a)(4) \$30.00 \$30.00 Line from Schedule A/B: 6.10 100% of fair market value, up to any applicable statutory limit Two televisions N.C. Gen. Stat. § 1C-1601(a)(4) \$200.00 \$200.00 Line from Schedule A/B: 6.11 100% of fair market value, up to any applicable statutory limit **Riding Lawn Mower** N.C. Gen. Stat. § 1C-1601(a)(4) \$1,000.00 \$1,000.00 Line from Schedule A/B: 6.12 100% of fair market value, up to any applicable statutory limit **Two Bows and Arrows** N.C. Gen. Stat. § 1C-1601(a)(4) \$1,200.00 \$1,200.00 Line from Schedule A/B: 9.1 100% of fair market value, up to any applicable statutory limit 1 45 Springfield Armory, 45' Cig N.C. Gen. Stat. § 1C-1601(a)(4) \$800.00 \$800.00 Sour, 38 Special Line from Schedule A/B: 10.1 100% of fair market value, up to any applicable statutory limit **Debtors' Clothing** N.C. Gen. Stat. § 1C-1601(a)(4) \$150.00 \$150.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Cash N.C. Gen. Stat. § 1C-1601(a)(2) \$50.00 \$50.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit Checking: PNC Checking N.C. Gen. Stat. § 1-362 \$963.18 \$963.18 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Checking: SECU Rene N.C. Gen. Stat. § 1-362 \$258.00 \$258.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit N.C. Gen. Stat. § 1-362 Checking: SECU Brian \$134.00 \$134.00 Line from Schedule A/B: 17.3 П 100% of fair market value, up to any applicable statutory limit

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| Debt Debt | 0 | rian Keith Sawyer ene' Whitley Sawyer` | | | Case number (if known) | 17-01282-5 |
|--------------|---|--|--|---------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own Copy the value from Schedule A/B | | ount of the exemption you claim | Specific laws that allow exemption |
| | _ | s: PNC n <i>Schedule A/B</i> : 17.4 | \$4,529.37 | | \$4,529.37 100% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1-362 |
| \$ | Simpso 401(k) | Milliman, Inc. on Manufacturing Co., Inc. Profit Sharing Plan n Schedule A/B: 21.1 | \$115,196.66 | | \$115,196.66 100% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1C-1601(a)(9) |
| ; ; ; | \$2062.0 Urgent cease v May, 20 | is receiving installments of 00 from the sale of Albemarle Care. These proceeds will with the last payment of being 018. m Schedule A/B: 30.1 | \$26,806.00 | | \$1,759.00 100% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1C-1601(a)(2) |
| (| (Subject ■ No | claiming a homestead exemption of to adjustment on 4/01/19 and every 3 s. Did you acquire the property covere No | B years after that for ca | ises fi | , | , |

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Rev. 3/2016

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NORTH CAROLINA

IN THE MATTER OF: Brian Keith Sawyer Rene' Whitley Sawyer` Debtor(s). CASE NUMBER: **17-01282-5**

SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

We, Brian Keith Sawyer and Rene' Whitley Sawyer`_, claim the following property as exempt pursuant to 11 U.S.C. § 522 and the laws of the State of North Carolina, and nonbankruptcy Federal law: (Attach additional sheets if necessary).

1. NCGS 1C-1601(a)(1) (NC Const., Article X, Section 2) REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT (The exemption is not to exceed \$35,000; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner, if a child use initials only, of the property below).

| Description of Property and Address | Market <u>Value</u> | Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint | Mortgage Holder or Lien Holder | Amount of Mortgage or Lien | Net <u>Value</u> | Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(1) |
|--|------------------------|---|-----------------------------------|----------------------------------|---------------------|---|
| 920 Soundside Road Edenton, NC 27932 Chowan County Debtors' Home | 180,440.00 | J | PNC Mortgage | 168,472.00 | 11,968.00 | 11,968.00 |
| Debtor's Age: Name of former co-owne | | | | | | |

VALUE OF REAL ESTATE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(1): \$ 11,968.00

2. NCGS 1C-1601(a)(3) MOTOR VEHICLE (The exemption in one vehicle is not to exceed \$3,500).

| | | Owner (D1)Debtor 1 | | | | |
|--|--------------|-----------------------|------------------------|-------------|--------------|--------------------------------|
| Model, Year | Market | (D2)Debtor 2 | | Amount of | Net | Value Claimed as Exempt |
| Style of Auto | <u>Value</u> | (J)Joint | <u>Lien Holder</u> | <u>Lien</u> | <u>Value</u> | Pursuant to NCGS 1C-1601(a)(3) |
| 2005 Carr | 300.00 | D2 | | | 300.00 | 300.00 |
| Utility Trailer VIN# 4YMUL0 | | | | | | |
| 2010 Toyota Prius 196,000 miles Clean Retail Value VIN # JTDKN3DUXA5119 428 | 8,350.00 | J | | | 8,350.00 | 3,500.00 |
| 2013 Toyota Tacoma 53000 miles Clean Retail Value VIN # 5TFLU4EN4DX0776 88 | 15,850.00 | D1 | Carmax Auto Finance | 15,889.00 | 0.00 | 0.00 |

VALUE OF MOTOR VEHICLE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(3): \$ 3,800,00

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL OR HOUSEHOLD GOODS (The debtor's aggregate interest is not to exceed \$5,000 plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents). The number of dependents for exemption purposes is **0**.

| | | Owner (D1)Debtor 1 | | | | Claimed as Exempt |
|-------------|--------------|-----------------------|---------------|---------|--------------|-------------------|
| Description | | (D2)Debtor 2 | Lien | Amount | Net | Pursuant to NCGS |
| of Property | <u>Value</u> | (J)Joint | <u>Holder</u> | of Lien | <u>Value</u> | 1C-1601(a)(4) |

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| Description of Property | Market <u>Value</u> | (52)50500.2 | Lien <u>Holder</u> | Amount <u>of Lien</u> | Net <u>Value</u> | Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4) |
|----------------------------|------------------------|-------------|-----------------------|--------------------------|---------------------|--|
| 1 45 Springfield | | | | | | |
| Armory, 45' Cig | | | | | | |
| Sour, 38 Special | 800.00 | J | | | 800.00 | 800.00 |
| Bedroom Furniture | 800.00 | J | | | 800.00 | 800.00 |
| China and Silver | 20.00 | J | | | 20.00 | 20.00 |
| Debtors' Clothing | 150.00 | J | | | 150.00 | 150.00 |
| Dining Room | | | | | | |
| Furniture | 300.00 | J | | | 300.00 | 300.00 |
| Freezer | 50.00 | J | | | 50.00 | 50.00 |
| Lawn Furniture | 30.00 | J | | | 30.00 | 30.00 |
| Living Room Furniture | 650.00 | J | | | 650.00 | 650.00 |
| Oven | 100.00 | J | | | 100.00 | 100.00 |
| Refrigerator | 75.00 | J | | | 75.00 | 75.00 |
| Riding Lawn Mower | 1,000.00 | J | | | 1,000.00 | 1,000.00 |
| Small Kitchen | | | | | | |
| Apliances | 50.00 | J | | | 50.00 | 50.00 |
| Two Bows and | | _ | | | | |
| Arrows | 1,200.00 | J | | | 1,200.00 | 1,200.00 |
| Two televisions | 200.00 | J | | | 200.00 | 200.00 |
| Washer and dryer | 250.00 | J | | | 250.00 | 250.00 |

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4): \$ 5,675.00

4. NCGS 1C-1601(a)(5) TOOLS OF TRADE (The debtor's aggregate interest is not to exceed \$2,000 in value).

| Description | Market <u>Value</u> | Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint | Lien Holder | Amount of <u>Lien</u> | Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(5) |
|-------------|------------------------|---|----------------|-----------------------|---|
| -NONE- | | | | | |

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(5): \$ 0.00

5. NCGS 1C-1601(a)(6) LIFE INSURANCE (NC Const., Article X, Section 5).

| Description\Insured\Last Four Digits of Policy Number\Beneficiary(if child, initials only) | Cash Value |
|--|---------------|
| -NONE- | |

6. NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS (For Debtor or Debtor's Dependents, no limit on value).

| Description | |
|-------------|--|
| -NONE- | |

7. NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE.

Description AND Source of Compensation, Including Name (If child, initials only) & Last Four Digits of Account Number of any Disability Policy/Annuity -NONE-

8. NCGS 1C-1601(a)(2) ANY PROPERTY (Debtor's aggregate interest in any property is not to exceed \$5,000 in value of any unused exemption amount to which the debtor is entitled under NCGS 1C-1601(a)(1)).

| | | Owner | | | | |
|-------------------------|--------------|--------------|---------------|---------|--------------|--------------------------------|
| | | (D1)Debtor 1 | | | | |
| Description of Property | Market | (D2)Debtor 2 | Lien | Amount | Net | Value Claimed as Exempt |
| and Address | <u>Value</u> | | <u>Holder</u> | of Lien | <u>Value</u> | Pursuant to NCGS 1C-1601(a)(2) |

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| | | Owner (D1)Debtor 1 | | | N. | V. O |
|-------------------------------------|-----------------|--------------------------|----------------|----------------|--------------|--|
| Description of Property and Address | Market Value | (D2)Debtor 2 (J)Joint | Lien Holder | Amount of Lien | Net Value | Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(2) |
| 113 Morris Circle | 89,320.00 | J | West Town Bank | 87,179.00 | 2,141.00 | 2,141.00 |
| Edenton, NC 27932 | | | & Trust | | | |
| Chowan County | | | | | | |
| Rental Property | | | | | | |
| 1994 John Boat | 1,000.00 | J | | | 1,000.00 | 1,000.00 |
| 16' 25HP Johnson | | | | | | |
| 1997 WESC | 200.00 | D1 | | | 200.00 | 200.00 |
| Jon Boat Trailer | | | | | | |
| 2010 Toyota Prius | 8,350.00 | J | | | 8,350.00 | 4,850.00 |
| 196,000 miles | | | | | | |
| Clean Retail Value | | | | | | |
| VIN # | | | | | | |
| JTDKN3DUXA5119 | | | | | | |
| 428 | | | | | | |
| Cash | 50.00 | J | | | 50.00 | 50.00 |
| Debtor is receiving | 26,806.00 | D2 | | | 26,806.00 | 1,759.00 |
| installments of | | | | | | |
| \$2062.00 from the | | | | | | |
| sale of Albemarle | | | | | | |
| Urgent Care. | | | | | | |
| These proceeds | | | | | | |
| will cease with the | | | | | | |
| last payment of | | | | | | |
| being May, 2018. | | | | | | |

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(2): \$ 10,000.00

9. NCGS 1C-1601(a)(9) and 11 U.S.C. § 522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in §§ 408(a) and 408A of the Internal Revenue Code, individual retirement annuities as described in § 408(b) of the Internal Revenue Code, accounts established as part of a trust described in § 408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under § 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90.

Type of Account\Location of Account\Last Four Digits of Account Number

401(k): Milliman, Inc.

Simpson Manufacturing Co., Inc. 401(k) Profit Sharing Plan

10. NCGS 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN, as qualified under § 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. §§ 541(b)(5)-(6), (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, the contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

College Savings Plan\Last Four Digits of Account Number\Value\Initials of Child Beneficiary

-NONE-

11. NCGS 1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENTAL UNITS OF OTHER STATES (The debtor's interest is exempt only to the extent that these benefits are exempt under the laws of the state or governmental unit under which the benefit plan is established).

Name of Retirement Plan\State Governmental Unit\Last Four Digits of Identifying Number

-NONE-

12. NCGS 1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor).

Type of Support\Amount\Location of Funds

-NONE-

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13. TENANCY BY THE ENTIRETY. The following property is claimed as exempt pursuant to 11 U.S.C. § 522 and the law of the State of North Carolina pertaining to property held as tenants by the entirety.

| Description of | Market | Lien | Amount | Net |
|----------------------|--------------|---------------|---------|--------------|
| Property and Address | <u>Value</u> | <u>Holder</u> | of Lien | <u>Value</u> |
| -NONE- | | | | |

VALUE CLAIMED AS EXEMPT: \$ 0.00

14. NORTH CAROLINA PENSION FUND EXEMPTIONS

| -NONE- | |
|--------|--|

15. OTHER EXEMPTIONS CLAIMED UNDER LAWS OF THE STATE OF NORTH CAROLINA

| | Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. | |
|----|---|----------|
| a. | § 1-362 | 963.18 |
| | Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. | |
| b. | § 1-362 | 134.00 |
| | Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. | |
| C. | § 1-362 | 258.00 |
| | Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. | |
| d. | § 1-362 | 4,529.37 |

16. FEDERAL PENSION FUND EXEMPTIONS

| 1 | -NONE- | 1 |
|---|---------|---|
| 1 | •NUNE • | 1 |

17. OTHER EXEMPTIONS CLAIMED UNDER NONBANKRUPTCY FEDERAL LAW

| -NONE- | |
|--------|--|

- 18. RECENT PURCHASES
- (a). List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition.

| Description | Market <u>Value</u> | Lien Holder | Amount of Lien | Net <u>Value</u> |
|-------------|------------------------|----------------|----------------|---------------------|
| -NONE- | | | | |

(b). List any tangible personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.

| Description of Replacement Property | Description of Property Liquidated or Converted that May Be Exempt |
|-------------------------------------|--|
| | |

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- 19. The debtor's property is subject to the following claims:
- a. Of the United States or its agencies as provided by federal law.
- b. Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds;
- c. Of a lien by a laborer for work done and performed for the person claiming the exemption, but only as to the specific property affected.
- d. Of a lien by a mechanic for work done on the premises, but only as to the specific property affected.
- e. For payment of obligations contracted for the purchase of specific real property affected.
- f. For contractual security interests in specific property affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods.
- g. For statutory liens, on the specific property affected, other than judicial liens.
- h. For child support, alimony or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina.
- For criminal restitution orders docketed as civil judgments pursuant to G.S. 15A-1340.38.
- j. Debts of a kind specified in 11 U.S.C. § 523(a)(1) (certain taxes), (5) (domestic support obligations).
- k. Debts of a kind specified in 11 U.S.C. § 522(c).

| | Nature of | Amount of | Description of | Value | Net |
|----------|--------------|--------------|-----------------|-------------|--------------|
| Claimant | <u>Claim</u> | <u>Claim</u> | <u>Property</u> | of Property | <u>Value</u> |
| -NONE- | | | | | |

None of the property listed in paragraph 18(a), except qualified replacement property under 18(b), has been included in this claim of exemptions.

None of the claims listed in paragraph 19 is subject to this claim of exemptions.

I declare that to the extent any exemptions I have claimed appear on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

UNSWORN DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF INDIVIDUAL TO SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

| we, | Brian Keith Sa | wyer and Rene w | nitiey Sawyer | _. , declare under penalty c | of perjury that I have read | the foregoing Schedule |
|----------------|--------------------|------------------------|------------------------|--|-----------------------------|------------------------|
| C-1 - Property | Claimed as Exempt, | consisting of 5 sheets | s, and that they are t | rue and correct to the bes | st of my knowledge, infor | mation and belief. |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Executed on: April 24, 2017 | /s/ Brian Keith Sawyer |
|-----------------------------|---------------------------|
| | Brian Keith Sawyer |
| | Debtor |
| | /s/ Rene' Whitley Sawyer` |
| | Rene' Whitley Sawyer` |
| | Debtor 2 |

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| | 00 | | | |
|--|---|----------------------------|--------------------------|----------------|
| Fill in this information to identify you | ur case: | | | |
| Debtor 1 Brian Keith Sav | vver | | | |
| First Name | Middle Name Last Name | | - | |
| Debtor 2 Rene' Whitley S | Sawyer` | | | |
| (Spouse if, filing) First Name | Middle Name Last Name | | | |
| United States Bankruptcy Court for the | : EASTERN DISTRICT OF NORTH CAROLI | NA | | |
| | | | - | |
| Case number 17-01282-5 | | | □ Chook | if this is an |
| (ii kilowi) | | | | led filing |
| | | | | iou ming |
| Official Form 106D | | | | |
| Schedule D. Creditors | Who Have Claims Secure | d by Propert | V | 12/15 |
| Schedule B. Creditors | Wild have claims seedic | d by 1 Topert | <u>y</u> | 12/13 |
| | If two married people are filing together, both are eout, number the entries, and attach it to this form. | | | |
| number (if known). | out, number the entries, and attach it to this form. | on the top of any addition | nai pages, write your na | ille allu case |
| 1. Do any creditors have claims secured b | y your property? | | | |
| ☐ No. Check this box and submit t | his form to the court with your other schedules. ' | You have nothing else t | to report on this form. | |
| Yes. Fill in all of the information | · | · · | • | |
| | below. | | | |
| Part 1: List All Secured Claims | | . Column A | Column B | Column C |
| | more than one secured claim, list the creditor separate a particular claim, list the other creditors in Part 2. As | Amount of claim | Value of collateral | Unsecured |
| much as possible, list the claims in alphabeti | | Do not deduct the | that supports this | portion |
| Americano Beach | | value of collateral. | claim | If any |
| Results | Describe the property that secures the claim: | \$591.73 | Unknown | Unknown |
| Creditor's Name | Americano Beach Rwsort | | | |
| Attn: Manager or Officer | Maintenance Fees | | | |
| 1260 North Atlantic | As of the date you file, the claim is: Check all that | | | |
| Avenue | apply. | | | |
| Daytona Beach, FL 32118 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or so | ecured | | |
| Debtor 2 only | car loan) | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | re | | |
| community debt | , | | | |
| Date debt was incurred | Last 4 digits of account number 7088 | | | |
| | | | | |
| 2.2 Carmax Auto Finance | Describe the property that secures the claim: | \$15,889.00 | \$15,850.00 | \$39.00 |
| Creditor's Name | 2013 Toyota Tacoma 53000 miles | | | |
| | Clean Retail Value | | | |
| Attn: Manager or Officer | VIN # 5TFLU4EN4DX077688 | | | |
| P. O. Box 440609 | As of the date you file, the claim is: Check all that apply. | | | |
| Kennesaw, GA 30160 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or second car loan) | ecured | | |
| Debtor 2 only | _ | | | |
| Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) | | | | |
| ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | iic | | |

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| Debtor 1 Brian Keith Sawyer | | Case number (if know) | 17-01282-5 | |
|---|---|-----------------------|--------------|---------|
| First Name Middle N | ame Last Name | | | |
| Debtor 2 Rene' Whitley Sawyer` First Name Middle N | ame Last Name | | | |
| . iist realite | 2001.101110 | | | |
| Opened | | | | |
| 12/16 Last Active | | | | |
| Date debt was incurred 1/03/17 | Last 4 digits of account number | | | |
| | | | | |
| First Data Merchant | | | | |
| Services | Describe the property that secures the claim: | \$840.00 | Unknown | Unknown |
| Creditor's Name | UNKNOWN DEBT | | | |
| Attn: Manager or Officer 5565 Glenridge | | | | |
| Connector, Ste. 2000 | As of the date you file, the claim is: Check all that | | | |
| Atlanta, GA 30342 | apply. □ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or s | ecured | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| • | | | | |
| Opened 9/01/14 | | | | |
| Last Active | | | | |
| Date debt was incurred 12/09/16 | Last 4 digits of account number 7000 | <u> </u> | | |
| | | | | |
| 2.4 PNC Mortgage | Describe the property that secures the claim: | \$168,472.00 | \$180,440.00 | \$0.00 |
| Creditor's Name | 920 Soundside Road Edenton, NC | | | |
| A | 27932 Chowan County Debtors' Home | | | |
| Attn: Manager or Officer P. O. Box 8703 | As of the date you file, the claim is: Check all that | | | |
| Dayton, OH 45401 | apply. □ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or s car loan) | ecured | | |
| Debtor 2 only | ′ | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another Check if this claim relates to a | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) Mortgage | • | | |
| community debt | Other (including a right to offset) Mortgage | • | | |
| Onened | | | | |
| Opened 05/16 Last | | | | |
| Active | | | | |
| Date debt was incurred 2/01/17 | Last 4 digits of account number 1240 | | | |
| | | | | |
| 2.5 West Town Bank & Trust | Describe the property that secures the claim: | \$87,179.00 | \$89,320.00 | \$0.00 |
| Creditor's Name | 113 Morris Circle Edenton, NC | | | |
| Attn: Manager or Officer | 27932 Chowan County Rental Property | | | |
| 320 N. Meridian, Suite 1011 | As of the date you file, the claim is: Check all that | | | |
| Indianapolis, IN 46204 | apply. □ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | • | | | |

Official Form 106D

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| Debtor 1 | Brian Keith Sawyer | | | | Case number (if know) | 17-01282-5 | | |
|--|--------------------|--|--------------------------------|---------------------------|-----------------------|------------|--|--|
| | First Name | Middle N | ame | Last Name | | | | |
| Debtor 2 | Rene' Whi | tley Sawyer` | | | | | | |
| | First Name | Middle N | ame | Last Name | | | | |
| Who owe | s the debt? C | heck one. | ☐ Disputed Nature of lien. (| Check all that apply. | | | | |
| ☐ Debtor ☐ Debtor | • | | An agreement car loan) | you made (such as morto | gage or secured | | | |
| <u> </u> | | | | such as tax lien, mechani | ic's lien) | | | |
| ☐ At least one of the debtors and another | | | ☐ Judgment lien from a lawsuit | | | | | |
| ☐ Check if this claim relates to a Community debt ☐ Other (including a right to | | | g a right to offset) | | | | | |
| Date debt | was incurred | Opened 11/12/09 Last Active 5/04/16 | Last 4 dig | its of account number | 1109 | | | |
| Add the | dollar value of | f your entries in C | olumn A on this pa | nge. Write that number h | nere: \$272,97 | 1.73 | | |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | | | | | \$272,97 | 1.73 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | 60 | | · · | |
|-------------------------------|---|---|--------------------------|------------------------|--------------------|
| Fill in this | s information to identify your case: | | | | |
| Debtor 1 | Brian Keith Sawyer | | | l | |
| | | ddle Name Last Name | | l | |
| Debtor 2 | Rene' Whitley Sawyer` | | | l | |
| (Spouse if, fil | ing) First Name Mid | ddle Name Last Name | | l | |
| United Sta | ates Bankruptcy Court for the: EASTE | RN DISTRICT OF NORTH CAROLINA | | l | |
| Case num | nber 17-01282-5 | | | l | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | amend | led filing |
| Official | Form 106E/F | | | | |
| | ule E/F: Creditors Who Ha | eve Unsecured Claims | | | 12/15 |
| | | or creditors with PRIORITY claims and Part 2 fo | ar araditara with NON | DDIODITY eleime Li | |
| left. Attach name and c | | roperty. If more space is needed, copy the Parlave no information to report in a Part, do not f | | | |
| | y creditors have priority unsecured claims a | | | | |
| | . Go to Part 2. | | | | |
| ■ Yes | | | | | |
| 2. List all identify possible | I of your priority unsecured claims. If a credity what type of claim it is. If a claim has both priority. | itor has more than one priority unsecured claim, list prity and nonpriority amounts, list that claim here a g to the creditor's name. If you have more than tw im, list the other creditors in Part 3. | and show both priority a | and nonpriority amount | ts. As much as |
| (For ar | n explanation of each type of claim, see the inst | tructions for this form in the instruction booklet.) | Total alaim | Delevitor | NI i i |
| | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 C | howan County Tax Department | Last 4 digits of account number | \$0.00 | \$0.00 | \$0.00 |
| | riority Creditor's Name | When was the debt incomed? | | | |
| | ttn: Manager or Officer . O. Box 1030 | When was the debt incurred? | | - | |
| | denton, NC 27932 | | | | |
| | umber Street City State Zlp Code | As of the date you file, the claim is: Check a | all that apply | | |
| _ | incurred the debt? Check one. | ☐ Contingent | | | |
| □ D | ebtor 1 only | ☐ Unliquidated | | | |
| □ D | ebtor 2 only | ☐ Disputed | | | |
| ■ D | ebtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| ☐ At | t least one of the debtors and another | ☐ Domestic support obligations | | | |
| □с | heck if this claim is for a community debt | ■ Taxes and certain other debts you owe the | government | | |
| Is the | claim subject to offset? | ☐ Claims for death or personal injury while yo | | | |

■ No

☐ Yes

☐ Other. Specify _

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| | D 1 16 14 0 | 00 | | | | |
|--------------|--|--|-----------|----------|----------|--|
| | Brian Keith Sawyer Rene' Whitley Sawyer` | Case number (if know) | 17-01282- | -01282-5 | | |
| | nternal Revenue Service | Last 4 digits of account number \$0.0 |)0 | \$0.00 | \$0.00 | |
| ı | Priority Creditor's Name Attn: Manager or Officer P. O. Box 7346 | When was the debt incurred? | | | | |
| <u> </u> | Philadelphia, PA 19101-7346 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| | o incurred the debt? Check one. | Contingent | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| • | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | | |
| | At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| _ | Check if this claim is for a community debt | ■ Taxes and certain other debts you owe the government | | | | |
| | ne claim subject to offset? | ☐ Claims for death or personal injury while you were intoxicated | | | | |
| = 1 | No | ☐ Other. Specify | | | | |
| | Yes | . , | | | | |
| 2.3 | NC Dept of Revenue | Last 4 digits of account number \$0.0 | 00 | \$0.00 | \$0.00 | |
| | Priority Creditor's Name Attn: Bankruptcy Unit P. O. Box 1168 | When was the debt incurred? | | <u> </u> | <u> </u> | |
| | Raleigh, NC 27640 | | | | | |
| | Number Street City State Zlp Code o incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| _ | Debtor 1 only | ☐ Contingent | | | | |
| _ | • | ☐ Unliquidated | | | | |
| _ | Debtor 2 only | Disputed | | | | |
| = [| Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | | |
| | At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | Check if this claim is for a community debt | Taxes and certain other debts you owe the government | | | | |
| | ne claim subject to offset? | ☐ Claims for death or personal injury while you were intoxicated | | | | |
| ■ ı | · · · | Other. Specify | | | | |
| Part 2: | List All of Your NONPRIORITY Unsecu | ured Claims | | | | |
| 3. Do ar | – ny creditors have nonpriority unsecured claim | ns against you? | | | | |
| □ No | o. You have nothing to report in this part. Submit | this form to the court with your other schedules. | | | | |
| ■ Ye | es. | | | | | |
| | cured claim, list the creditor separately for each c | e alphabetical order of the creditor who holds each claim. If a cre laim. For each claim listed, identify what type of claim it is. Do not list | | | | |

Total claim

Part 2.

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| | 1 Brian Keith Sawyer 2 Rene' Whitley Sawyer` | | Case number (if know) | 17-01282-5 | | | |
|-----|--|---|--------------------------------|------------------|-------------|--|--|
| 4.1 | Bank of America | Last 4 digits of account number | 6255 | | \$1,942.00 | | |
| | Nonpriority Creditor's Name Attn: Manager or Officer PO Box 26012, NC4-105-03-14 Greensboro, NC 27410 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim | | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | - | • | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar del | ots | | | |
| | Yes | Other. Specify Credit Card | I | | | | |
| 4.2 | Barclays Bank Delaware | Last 4 digits of account number | 3618 | | \$3,244.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept. P. O. Box 8803 Wilmington DE 19899 | When was the debt incurred? | Opened 03/15 Last 1/05/17 | Active | | | |
| | Wilmington, DE 19899 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separate a priority stains | ration agreement or divorce t | that you did not | | | |
| | No | report as priority claims Debts to pension or profit-sharing | a plane, and other similar del | ate | | | |
| | □ Yes | | · · | J.5 | | | |
| | □ Yes | Other. Specify Credit Card | | | | | |
| 4.3 | PNC Bank | Last 4 digits of account number | 1559 | | \$19,469.00 | | |
| | Nonpriority Creditor's Name Attn: Manager or Officer PO Box 5570 Mailstop BR-YB58-01- Cleveland, OH 44101-0570 | When was the debt incurred? | Opened 09/12 Last 12/14/16 | Active | | | |
| • | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | No | | | | | | |
| | ☐ Yes | ■ Other. Specify Credit Card | | | | | |
| | 00 | - Other, Specify | - | | | | |

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| | | th Sawyer itley Sawyer` | | Case | number (if know) | 17-01282-5 | |
|---------------------------|-------------------------------|---|--|-----------|----------------------|--------------------|-------------------------|
| 4.4 Xe | enith Banl | k | Last 4 digits of account number | 1167 | , | | \$43,448.90 |
| At 64 | 1 Lynnha | ditor's Name ger or Officer/Special Iven Parkway ach, VA 23452 | When was the debt incurred? | | | | |
| Nur | mber Street (| City State Zlp Code the debt? Check one. | As of the date you file, the claim | is: Chec | k all that apply | | |
| | Debtor 1 onl | ly | ☐ Contingent | | | | |
| | Debtor 2 onl | ly | ☐ Unliquidated | | | | |
| | Debtor 1 and | d Debtor 2 only | □ Disputed | | | | |
| | At least one | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | Check if thi | s claim is for a community | ☐ Student loans | | | | |
| del | bt | bject to offset? | Obligations arising out of a sep report as priority claims | aration a | greement or divorce | that you did not | |
| | No | | Debts to pension or profit-shari | ng plans, | and other similar de | ebts | |
| | Yes | | ■ Other. Specify been sold | _ | out by Gatewa | y and has | |
| | enith Banl | | Last 4 digits of account number | 7807 | • | - | \$9,827.42 |
| At 64 | tn: Mana 11 Lynnha | ger or Officer Iven Parkway ach, VA 23452 | When was the debt incurred? | | | | |
| Nur | mber Street (| City State Zlp Code the debt? Check one. | As of the date you file, the claim | is: Chec | k all that apply | | |
| | Debtor 1 onl | ly | ☐ Contingent | | | | |
| | Debtor 2 onl | ly | ☐ Unliquidated | | | | |
| | Debtor 1 and | d Debtor 2 only | ☐ Disputed | | | | |
| | At least one | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | Check if thi | s claim is for a community | ☐ Student loans | | | | |
| del Is t | | bject to offset? | ☐ Obligations arising out of a sep report as priority claims | aration a | greement or divorce | that you did not | |
| | No | | ☐ Debts to pension or profit-shari | | | | |
| | Yes | | Other. Specify Card | orgen | t Care Busines | | |
| Part 3: | List Others | s to Be Notified About a Debt | That You Already Listed | | | | |
| is trying to have more | o collect fro e than one c | m you for a debt you owe to som | out your bankruptcy, for a debt that eone else, list the original creditor i /ou listed in Parts 1 or 2, list the add submit this page. | n Parts 1 | or 2, then list the | collection agency | here. Similarly, if you |
| Part 4: | Add the Ar | mounts for Each Type of Uns | ecured Claim | | | | |
| | amounts of secured cla | | s. This information is for statistical | reporting | g purposes only. 2 | 3 U.S.C. §159. Add | the amounts for each |
| | | | | | Total | Claim | |
| Tota claims | | Domestic support obligations | | 6a. | \$ | 0.00 | |
| from Part 1 | | Taxes and certain other debts y | ou owe the government | 6b. | \$ | 0.00 | |
| | 6c. | Claims for death or personal in | • • | 6c. | \$ | 0.00 | |
| | 6d. | Otner. Add all other priority unsec | cured claims. Write that amount here. | 6d. | \$ | 0.00 | |
| | 6e. | Total Priority. Add lines 6a throu | gh 6d. | 6e. | \$ | 0.00 | |
| | 6f. | Student loans | | 6f. | Total | Claim | |
| Tota | | J. Laudin Idanio | | J1. | Ψ | 0.00 | |

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Debtor 1 Brian Keith Sawyer Debtor 2 Rene' Whitley Sawyer` 17-01282-5 Case number (if know) claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts from Part 2 0.00 6g. 6h. 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 77,931.32 here. Total Nonpriority. Add lines 6f through 6i. 6j. 77,931.32

Official Form 106 E/F

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| Fill in this inform | nation to identify your | case: | | |
|---------------------|-------------------------|--------------------|------------------|------------------------------------|
| Debtor 1 | Brian Keith Sawy | er | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Rene' Whitley Sa | wyer` | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | EASTERN DISTRICT C | F NORTH CAROLINA | |
| Case number | 17-01282-5 | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| 2.1 Name Number Street City 2.2 Name | State | ZIP Code | - |
|---|-------|----------|---|
| Number Street City 2.2 | State | ZIP Code | - |
| City 2.2 | State | ZIP Code | - |
| 2.2 | State | ZIP Code | |
| | | | |
| Name | | | |
| | | | - |
| Number Street | | | - |
| City | State | ZIP Code | - |
| 2.3 | | | |
| Name | | | - |
| Number Street | | | - |
| City | State | ZIP Code | = |
| 2.4 | | | |
| Name | | | - |
| Number Street | | | - |
| City | State | ZIP Code | - |
| 2.5 | | | |
| Name | | | - |
| Number Street | | | _ |
| City | State | ZIP Code | _ |

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| | | | 60 | | |
|------------------------------|--|--|---------------------------|---|---|
| Fill in this | information to identify you | ır case: | | | |
| Debtor 1 | Brian Keith Saw | /Ver | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Rene' Whitley S | | | | |
| (Spouse if, filin | ng) First Name | Middle Name | Last Name | | |
| United Stat | tes Bankruptcy Court for the: | EASTERN DISTRICT C | F NORTH CAROLINA | | |
| Case numb | per 17-01282-5 | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | Form 106H | | | | |
| | ule H: Your Co | debtors | | | 12/15 |
| Octica | dic II. I oui oo | debitor 3 | | | 12/13 |
| fill it out, ar your name | nd number the entries in the and case number (if know | e boxes on the left. Attack n). Answer every question | n the Additional Page t | to this page. On the top | eeded, copy the Additional Page, o of any Additional Pages, write |
| 1. Do y | you have any codebtors? (| If you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ■ No □ Yes | | | | | |
| | nin the last 8 years, have yo a, California, Idaho, Louisian | | | | states and territories include |
| _ | | a, Novada, Now Woxloo, Fu | iono moo, roxas, wash | ington, and viloconom. | |
| _ | Go to line 3. | | | | |
| ⊔ Yes | . Did your spouse, former sp | ouse, or legal equivalent live | e with you at the time? | | |
| in line Form 1 | 2 again as a codebtor only | / if that person is a guaran | tor or cosigner. Make | sure you have listed th | g with you. List the person shown le creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| - | Column 1: Your codebtor Name, Number, Street, City, State and | ZIP Code | | Column 2: The cre Check all schedule | ditor to whom you owe the debt s that apply: |
| 3.1 | | | | ☐ Schedule D, line | 9 |
| | Name | | | ☐ Schedule E/F, li | |
| | | | | ☐ Schedule G, line | |
| 1 | Number Street | | | _ | |
| (| City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | Schedule E/F, li | |
| | | | | ☐ Schedule G, line | |
| 1 | Number Street | | | _ | |
| | City | State | ZIP Code | | |

| Fill in this information | to identify your case: | |
|---------------------------------|--|--|
| Debtor 1 | Brian Keith Sawyer | _ |
| Debtor 2 (Spouse, if filing) | Rene' Whitley Sawyer` | _ |
| United States Bankrup | otcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA | _ |
| Case number (If known) | -01282-5 | Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter |
| Official Form | 1061 | 13 income as of the following date: MM / DD/ YYYY |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. ■ Employed ■ Employed If you have more than one job, **Employment status** attach a separate page with ☐ Not employed ■ Not employed information about additional employers. Occupation **Tool & Dye Maker** Realtor Include part-time, seasonal, or Welcome Home Realty(United self-employed work. **Simpson Strong Tie Employer's name Country Dowd)** Occupation may include student or homemaker, if it applies. **Employer's address** 110 W. Water Street 920 Southside Road Edenton, NC 27932 Edenton, NC 27932 How long employed there? 5 years 10 years No income 2016

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,055.50 8,027.39 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 8,027.39 3,055.50

Official Form 106I Schedule I: Your Income page 1

| | tor 1 tor 2 | Brian Keith Sawyer Rene' Whitley Sawyer` | | | Cas | e number (<i>if know</i> | (n) _ | 17-012 | 82-5 | | |
|-----|----------------|---|----------|-----|----------|---------------------------|-------------------|--------|-----------------|-------------------|--------------|
| | Сор | y line 4 here | 4. | | Fo | or Debtor 1 8,027.3 | 39 | For De | | | |
| _ | | | | | - | , | | | | | |
| 5. | | all payroll deductions: | _ | | • | | | • | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5 | | \$_ | 2,221.5 | | \$ | | 0.00 | |
| | 5b. 5c. | Mandatory contributions for retirement plans | 5l 5d | | \$ \$ | 0.0 1.277.8 | | \$ | | 0.00 | |
| | 5d. | Voluntary contributions for retirement plans Required repayments of retirement fund loans | | d. | φ \$ | 550.0 | | \$ | | 0.00 | |
| | 5e. | Insurance | | е. | \$ | 246.6 | | \$ | | 0.00 | |
| | 5f. | Domestic support obligations | 5f | | \$ | 0.0 | | \$ | | 0.00 | |
| | 5g. | Union dues | 5 | g. | \$ | 0.0 | 0 | \$ | | 0.00 | |
| | 5h. | Other deductions. Specify: Real Estate Dues | _ 5l | h.+ | | 0.0 | 00 + | - \$ | | 60.00 | |
| | | Miscellaneous Expenses (ie: office expenses, client gifts | _ | | \$_ | 0.0 | 0 | \$ | 1 | 01.76 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 4,296.0 | 3 | \$ | 3 | 61.76 | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 3,731.3 | 86 | \$ | 2,6 | 93.74 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88 | 3 | \$ | 0.0 | 10 | \$ | | 0.00 | |
| | 8b. | Interest and dividends | 81 | | Ψ \$ | 0.0 | | \$ | | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | | \$ | 0.0 | | \$ | | 0.00 | |
| | 8d. | Unemployment compensation | 80 | | \$ | 0.0 | | \$ | | 0.00 | |
| | 8e. | Social Security | 86 | e. | \$ | 0.0 | _ | \$ | | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 81 | f. | \$ | 0.0 | 00 | \$ | | 0.00 | |
| | 8g. | Pension or retirement income | 8 | - | \$ | 0.0 | | \$ | | 0.00 | |
| | 8h. | Other monthly income. Specify: | _ 8I | h.+ | \$_ | 0.0 | 0 + | - \$ | | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | . [| \$_ | 0.0 | 00 | \$ | | 0.00 | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | | 3,731.36 + | \$_ | 2,693 | 3.74 | = \$ | 6,425.10 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | dep | | | • | | | nedule . 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | | 12. | \$ | 6,425.10 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form? | 2 | | | | | | | Combin monthly | ed income |
| 10. | | No. Yes. Explain: | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

| | | | | | | • | | |
|------------|------------------------------|------------------------------------|---------------------------|---|----------------------|-----------------|--|---|
| Fill | in this informa | tion to identify yo | our case: | | | | | |
| Deb | otor 1 | Brian Keith | Sawyer | | | Chec | k if this is: | |
| L. | | | _ | _ | | _ | An amended filing | |
| | otor 2 ouse, if filing) | Rene' Whitle | ey Sawye | <u>r`</u> | | | A supplement show 13 expenses as of | wing postpetition chapter the following date: |
| (Opt | ouse, ii iiiiig) | | | | | | | |
| Unit | ted States Bankr | ruptcy Court for the | EASTE | RN DISTRICT OF NORTH | CAROLINA | | MM / DD / YYYY | |
| | | 7-01282-5 | | | | | | |
| (If k | nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | - | | |
| | | J: Your | Exper | 1999 | | | | 12/1 |
| Be info | as complete ormation. If m | and accurate as | s possible. eded, atta | If two married people are ch another sheet to this t | | | | or supplying correct |
| Par 1. | t 1: Descr Is this a joir | ribe Your House | ehold | | | | | |
| ١. | □ No. Go to | | | | | | | |
| | _ | es Debtor 2 live i | in a separa | ate household? | | | | |
| | ■ N | | | | | | | |
| | | - | st file Offici | al Form 106J-2, <i>Expense</i> s | for Separate House | ehold of Debt | or 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat | | Dependent's age | Does dependent live with you? |
| | | tha | | | | | ge | □ No |
| | Do not state dependents | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | Yes |
| | | | | | | | | □ No |
| | | | | | | | · | ☐ Yes ☐ No |
| | | | | | | | | ☐ Yes |
| 3. | | penses include | | No | | | | |
| | | f people other t d your depende | | Yes | | | | |
| Dor | | | | v Evnences | | | | |
| exp | imate your ex | | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| | | | | government assistance if | | | | |
| | ficial Form 10 | | | | | - | Your exp | enses |
| 4. | | or home owners | | ses for your residence. In r lot. | nclude first mortgag | e 4. \$ | | 1,500.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. \$ | | 0.00 |
| | | | | pkeep expenses | | 4c. \$ | | 150.00 |
| 5. | | owner's associat | | dominium dues o ur residence, such as hoi | me equity loans | 4d. \$ 5. \$ | | 0.00 0.00 |
| | | 3.3 | | | - 17 | Ψ | | -100 |

| Debtor Debtor | • | Case number (if | known) | 17-01282-5 |
|------------------|--|----------------------|--------|-------------------------------|
| 6. Ut | lities: | | | |
| 6a | Electricity, heat, natural gas | 6a. \$ _ | | 250.00 |
| 6b | ,, 3 | 6b. \$ | | 30.00 |
| 60 | Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | | 0.00 |
| 6d | Other. Specify: | 6d. \$ _ | | 0.00 |
| | od and housekeeping supplies | 7. \$ | | 800.00 |
| | ildcare and children's education costs | 8. \$ _ | | 0.00 |
| | othing, laundry, and dry cleaning | 9. \$ _ | | 175.00 |
| | rsonal care products and services | 10. \$ | | 40.00 |
| | dical and dental expenses | 11. \$ _ | | 60.00 |
| Do | ansportation. Include gas, maintenance, bus or train fare. not include car payments. | 12. \$ | | 225.00 |
| | tertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | | 75.00 |
| | aritable contributions and religious donations | 14. \$ | | 100.00 |
| | surance. | | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance | 15a. \$ | | 80.00 |
| | b. Health insurance | 15a. \$ _ | | 0.00 |
| | c. Vehicle insurance | 15b. \$ _ | | 140.00 |
| | d. Other insurance. Specify: | 15d. \$ | | 0.00 |
| | xes. Do not include taxes deducted from your pay or included in lines 4 or 20. | ισα. ψ | | 0.00 |
| | ecify: | 16. \$ | | 0.00 |
| | stallment or lease payments: | | | |
| | a. Car payments for Vehicle 1 | 17a. \$ | | 267.00 |
| | b. Car payments for Vehicle 2 | 17b. \$ | | 0.00 |
| | c. Other. Specify: | 17c. \$ | | 0.00 |
| | d. Other. Specify: | 17d. \$ _ | | 0.00 |
| de | ur payments of alimony, maintenance, and support that you did not report a ducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I) | . 18. \$ _ | | 0.00 |
| | her payments you make to support others who do not live with you. | \$_ | | 0.00 |
| | ecify: | 19. | | |
| | her real property expenses not included in lines 4 or 5 of this form or on Sci | | come. | 500.00 |
| | a. Mortgages on other property b. Real estate taxes | 20a. \$ 20b. \$ | | 500.00 |
| | | 20b. \$ _ 20c. \$ | | 0.00 |
| | c. Property, homeowner's, or renter's insurance d. Maintenance, repair, and upkeep expenses | 20d. \$ _ | | 0.00 |
| | e. Homeowner's association or condominium dues | 20d. \$ _ 20e. \$ | | 100.00 |
| | | · . - | | 0.00 |
| | her: Specify: Lawn Maintenance | 21. +\$ +\$ | | 105.00 |
| В | isiness Expenses | + ⊅ | | 70.00 |
| | Iculate your monthly expenses | | | |
| | a. Add lines 4 through 21. | \$ | | 4,667.00 |
| 22 | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | | |
| 22 | c. Add line 22a and 22b. The result is your monthly expenses. | \$ | | 4,667.00 |
| 23. C a | Iculate your monthly net income. | | | |
| 23 | a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | | 6,425.10 |
| 23 | b. Copy your monthly expenses from line 22c above. | 23b\$ | | 4,667.00 |
| | Cultural transport of the control of | | | |
| 23 | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. \$ | | 1,758.10 |
| Fo mo | you expect an increase or decrease in your expenses within the year after yexample, do you expect to finish paying for your car loan within the year or do you expect you diffication to the terms of your mortgage? No. | | | ease or decrease because of a |
| | Yes. Explain here: | | | |

| Fill in this infor | mation to identify your | case: | | | |
|----------------------------------|---|-----------------------------|-------------|---|---|
| Debtor 1 | Brian Keith Sawy | /er | | | |
| 200.0. | First Name | Middle Name | Las | t Name | |
| Debtor 2 | Rene' Whitley Sa | wver` | | | |
| (Spouse if, filing) | First Name | Middle Name | Las | t Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT OF | NORTH (| CAROLINA | |
| Case number | 17-01282-5 | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Official Forr Declarat | | an Individual I | Debt | or's Schedules | 12/15 |
| f two married pe | eople are filing togethe | r. both are equally respons | sible for s | upplying correct information. | |
| obtaining money | | n connection with a bankru | | ed schedules. Making a false stat e can result in fines up to \$250,00 | |
| Sign | n Below | | | | |
| Did you pa | y or agree to pay some | one who is NOT an attorne | ey to help | you fill out bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | Name of person | | | | kruptcy Petition Preparer's Notice, n, and Signature (Official Form 119) |
| | lity of perjury, I declare e true and correct. | that I have read the summ | ary and s | chedules filed with this declaration | on and |
| X /s/ Bria | an Keith Sawyer | | х | /s/ Rene' Whitley Sawyer` | |
| | Keith Sawyer | | | Rene' Whitley Sawyer` | |
| | re of Debtor 1 | | | Signature of Debtor 2 | |

Date **April 24, 2017**

Date **April 24, 2017**

| Fill | in this info | rmation to identify you | r case: | | | | |
|---|---|--|--|-----------------|---|--|---|
| Debtor 1 | | Brian Keith Saw | yer | | | | |
| | | First Name | Middle Name | | Last Name | | |
| | | Rene' Whitley Sa | Awyer` Middle Name | | Last Name | | |
| ' | | | | | | | |
| Uni | ited States E | Bankruptcy Court for the: | EASTERN DISTRI | CT OF NORT | TH CAROLINA | | |
| Cas | se number | 17-01282-5 | | | | | |
| (if known) | | | | | | | Check if this is an |
| | | | | | | | amended filing |
| | | | | | | | |
| Of | ficial F | orm 107 | | | | | |
| | | t of Financial | Affairs for Inc | dividual | s Filing for B | ankruptcy | 4/16 |
| | | | | | | | |
| | | | | | | equally responsible for su y additional pages, write yo | |
| nun | nber (if kno | wn). Answer every que | stion. | | | | |
| Par | t 1: Give | Details About Your Ma | rital Status and Whe | e You Lived | l Before | | |
| _ | | | | | | | |
| 1. | What is your current marital status? | | | | | | |
| | ■ Married | | | | | | |
| | □ Not married | | | | | | |
| 2 | During the | the last 3 years, have you lived anywhere other than where you live now? | | | | | |
| 2. | During the last 5 years, have you lived anywhere other than where you live now? | | | | | | |
| | ■ No | | | | | | |
| | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | |
| | Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: | | | | | ldress: | Dates Debtor 2 |
| | | | lived ther | | Dobie: 21 Her Maarooo. | | lived there |
| 3. state | | | | | | ity property state or territorico, Texas, Washington and | |
| | _ | · | | | · | | , |
| | ■ No | | | | | | |
| | ☐ Yes. I | Make sure you fill out Scl | nedule H: Your Codebt | ors (Official F | orm 106H). | | |
| Par | rt 2 Exp | ain the Sources of You | r Income | | | | |
| | <u> </u> | | | | | | |
| 4. | Fill in the to | ave any income from er otal amount of income yo iling a joint case and you | u received from all jobs | s and all busi | nesses, including part- | | endar years? |
| | □ No | | | | | | |
| | _ | Fill in the details. | | | | | |
| | - 163.1 | iii iii tile details. | | | | | |
| | | | Debtor 1 | | | Debtor 2 | |
| | | | Sources of income Check all that apply. | (be | oss income fore deductions and lusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For last calendar year: (January 1 to December 31, 2016) | | | ☐ Wages, commission bonuses, tips | ons, | \$0.00 | ■ Wages, commissions, bonuses, tips | \$28,787.60 |
| | | | ☐ Operating a busin | ess | | ☐ Operating a business | |
| | | | = | | | | |

Official Form 107

Case 17-01282-5-JNC Doc 18 Filed 04/24/17 Entered 04/24/17 17:09:56

17-01282-5

Case number (if known)

Rene' Whitley Sawyer Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** (before deductions and Check all that apply. Check all that apply. (before deductions exclusions) and exclusions) \$99,557.77 ☐ Wages, commissions, \$0.00 Wages, commissions, bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$0.00 \$2,846.52 ☐ Wages, commissions, Wages, commissions, bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$0.00 \$20,196.30 ☐ Wages, commissions, ■ Wages, commissions, bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$0.00 \$7,960.00 ☐ Wages, commissions. ■ Wages, commissions. bonuses, tips bonuses, tips ☐ Operating a business Operating a business For the calendar year before that: \$0.00 \$126,930.00 □ Wages, commissions, ■ Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$0.00 \$28,787.00 ☐ Wages, commissions, Wages, commissions, bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$0.00 \$13,963.89 ☐ Wages, commissions, Wages, commissions, bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business ☐ Wages, commissions, \$0.00 ☐ Wages, commissions, \$7,930.00 bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income **Gross income from** Sources of income Gross income Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions)

Brian Keith Sawyer

Debtor 1

Debtor 2

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| _ | otor 1 otor 2 | | an Keith S | | | Cas | e number (if i | known) | 17-01282- | 5 |
|-----------------|------------------|---|----------------------------------|--|---|---|------------------------------|-------------------|---------------------------------|--------------------------|
| Pai | rt 3: | List | Certain Pa | yments You Made Bef | ore You Filed for Bankrup | otcy | | | | |
| 6. | _ | either No. | Neither De | ebtor 1 nor Debtor 2 ha | rimarily consumer debts? as primarily consumer del family, or household purpos | ots. Consumer debt | s are defined | d in 11 | U.S.C. § 101 | (8) as "incurred by an |
| | | | □ No. □ Yes | Go to line 7. List below each credit paid that creditor. Do not include payments | d for bankruptcy, did you pa or to whom you paid a total not include payments for do to an attorney for this bankr 9 and every 3 years after th | of \$6,425* or more i mestic support oblig ruptcy case. | n one or mo pations, such | re pay ı as ch | ments and th | |
| | • | Yes. | | | ve primarily consumer dek d for bankruptcy, did you pa | | l of \$600 or | more? | | |
| | | | ■ No. | Go to line 7. | | | | | | |
| | | | □ Yes | | or to whom you paid a total domestic support obligation: uptcy case. | | | | | |
| | Cre | ditor' | s Name and | I Address | Dates of payment | Total amount paid | Amount still o | | Was this pa | ayment for |
| | of wha bus alimo | nich yo siness ony. No Yes. | ou are an of you operat | ficer, director, person in e as a sole proprietor. 1 ments to an insider. | artners; relatives of any general control, or owner of 20% or 1 U.S.C. § 101. Include pay | more of their voting | securities; | and ar gations | ny managing a s, such as chi | agent, including one for |
| | 11101 | uci 5 | ranic and | riduicoo | bates of payment | paid | still o | | 11000011101 | uno payment |
| 8. | insid Inclu | ler? de pa No | yments on o | you filed for bankrupton lebts guaranteed or cos | cy, did you make any payr | nents or transfer a | ny property | on ac | ecount of a d | ebt that benefited an |
| | | | Name and | | Dates of payment | Total amount | Amount | | | this payment |
| | | | | | | paid | still c | owe | Include cred | ditor's name |
| Pa 9. | | in 1 y | ear before | | cy, were you a party in any cases, small claims actions | | | | | |
| | modi | | | tract disputes. | cases, small claims actions | , divorces, conection | i suits, patei | iriity at | ctions, suppor | it of custody |
| | | | Fill in the de | tails. | | | | | | |
| | | e title e nur | | | Nature of the case | Court or agency | | | Status of the | ne case |
| 10. | | • | | you filed for bankruptond fill in the details below | cy, was any of your prope ^៷ . | rty repossessed, fo | oreclosed, ç | garnis | hed, attache | d, seized, or levied? |
| | | | o to line 11. Fill in the inf | ormation below. | | | | | | |
| | Cre | | Name and | | Describe the Property | | | Date | | Value of the |
| | | | | | Explain what happened | | | | | property |

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| | otor 1 Brian Keith Sawyer | Cooperation | mbor (", 17-1 | 01282-5 |
|-----|--|---|-----------------------------------|---------------------------------|
| Dei | otor 2 Rene' Whitley Sawyer` | Case nu | mber (if known) 17-0 | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment became No | otcy, did any creditor, including a bank or financ ause you owed a debt? | ial institution, set c | off any amounts from your |
| | Yes. Fill in the details. | | | |
| | Creditor Name and Address | Describe the action the creditor took | Date action taken | n was Amount |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at | cy, was any of your property in the possession on the official? | of an assignee for t | he benefit of creditors, a |
| | ☐ Yes | | | |
| Par | t 5: List Certain Gifts and Contributions | | | |
| 13. | No No | tcy, did you give any gifts with a total value of m | ore than \$600 per | person? |
| | Yes. Fill in the details for each gift. | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you the gifts | gave Value |
| | Person to Whom You Gave the Gift and Address: | | | |
| 14. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or cont | tcy, did you give any gifts or contributions with | a total value of mo | re than \$600 to any charity? |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | |
| 15. | | cy or since you filed for bankruptcy, did you lose | e anything because | of theft, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | |
| | Describe the property you lost and | escribe any insurance coverage for the loss | Date of you | r Value of property |
| | how the loss occurred | clude the amount that insurance has paid. List pend surance claims on line 33 of Schedule A/B: Property | ding loss | lost |
| Par | t 7: List Certain Payments or Transfers | | | |
| 16. | consulted about seeking bankruptcy or pre | cy, did you or anyone else acting on your behalf eparing a bankruptcy petition? carers, or credit counseling agencies for services re | | |
| | | | _ | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payme or transfer made | |
| | Richard C. Poole 1510 E. Arlington Blvd., Ste. B Greenville, NC 27858 | Attorney fees and Costs | | \$1,450.00 |

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Debtor 1 Brian Keith Sawyer
Debtor 2 Rene' Whitley Sawyer`

Case number (if known) 17-01282-5

| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you l No | or to make payments | | | or transfer any prope | rty to anyone who |
|-----|---|---|-------------------------------|-----------------------------|---|---|
| | Yes. Fill in the details. Person Who Was Paid Address | Description and v | ∕alue of any prope | erty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already No Yes. Fill in the details. | siness or financial affa le as security (such as | airs? the granting of a se | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and very property transfer | | | any property or received or debts change | Date transfer was made |
| | Unrelated Party | 909 Cabarrus S Edenton, NC 2 | | proceeds but did h | ceived no s from this say, ave to pay at closing. | 1/27/17 |
| | Unrelated Party | 217 Hawthrone Edenton, NC 2 | | Proceeds paying b fees, ins | 38 at closing. s went towards ills, attorney urance and new roof on | 12/9/2016 |
| | Unrelated Party | 817 Cabarrus S Edenton, NC 2 | | | only received at closing. | 1/27/17 |
| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details. | ey, did you transfer an action devices.) | ny property to a se | elf-settled tru | ust or similar device (| of which you are a |
| | Name of trust | Description and v | alue of the prope | rty transferr | ed | Date Transfer was made |
| Par | List of Certain Financial Accounts, Instr | ruments, Safe Deposi | t Boxes, and Stor | age Units | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, association No Yes. Fill in the details. | other financial accou | nts; certificates of | | | |
| | | ast 4 digits of account number | Type of accountinstrument | clo | te account was ised, sold, oved, or nsferred | Last balance before closing or transfer |

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| Deb | otor 2 Rene' Whitley Sawyer` | | Case number (if known) 17-012 | 282-5 |
|-----|--|---|-----------------------------------|------------------------------|
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | before you filed for bankruptcy, a | any safe deposit box or other de | pository for securities, |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or pl | lace other than your home within | 1 year before you filed for bankr | uptcy? |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control for | Someone Else | | |
| 23. | Do you hold or control any property that someofor someone. | one else owns? Include any prope | rty you borrowed from, are stor | ing for, or hold in trust |
| | ■ No | | | |
| | Yes. Fill in the details. | 18/1 | D 11 (1) | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
| Par | t 10: Give Details About Environmental Information | ation | | |
| For | the purpose of Part 10, the following definitions | apply: | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul | ir, land, soil, surface water, groun | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | | law, whether you now own, ope | erate, or utilize it or used |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s | | s waste, hazardous substance, | toxic substance, |
| Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of whe | en they occurred. | |
| 24. | Has any governmental unit notified you that you | u may be liable or potentially liabl | e under or in violation of an env | ironmental law? |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State at ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State at ZIP Code) | Environmental law, if you know it | Date of notice |
| | | | | |

Debtor 1 Brian Keith Sawyer

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| 26. | Hav | ve you been a party in any judicial or ad | ministrative proceeding under any envi | ronmental law? Include settlements | and orders. |
|-------------------|-------------|---|--|--|--------------------|
| | | No | | | |
| | | Yes. Fill in the details. | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Pai | t 11 | Give Details About Your Business or | Connections to Any Business | | |
| 27. | Wit | hin 4 years before you filed for bankrup | otcy, did you own a business or have an | y of the following connections to an | y business? |
| | | • | in a trade, profession, or other activity, | • | |
| | | ☐ A member of a limited liability com | pany (LLC) or limited liability partnersh | ip (LLP) | |
| | | ☐ A partner in a partnership | | | |
| | | ☐ An officer, director, or managing e | xecutive of a corporation | | |
| | | ☐ An owner of at least 5% of the votil | ng or equity securities of a corporation | | |
| | | No. None of the above applies. Go to | Part 12. | | |
| | | Yes. Check all that apply above and fi | II in the details below for each business |). | |
| | | siness Name | Describe the nature of the business | Employer Identification number | |
| | | Idress Imber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security | number or ITIN. |
| | | | | Dates business existed | |
| 28. | | hin 2 years before you filed for bankrup titutions, creditors, or other parties. | otcy, did you give a financial statement t | to anyone about your business? Incl | ude all financial |
| | | No Yes. Fill in the details below. | | | |
| | Ad | nme Idress Imber, Street, City, State and ZIP Code) | Date Issued | | |
| Par | t 12 | Sign Below | | | |
| are with | true a b | and correct. I understand that making a | inancial Affairs and any attachments, an a false statement, concealing property, \$250,000, or imprisonment for up to 20 | or obtaining money or property by fr | |
| | | an Keith Sawyer | /s/ Rene' Whitley Sawyer` | | |
| | | Keith Sawyer ure of Debtor 1 | Rene' Whitley Sawyer` Signature of Debtor 2 | | |
| Dat | te _ | April 24, 2017 | Date April 24, 2017 | | |
| Did ■ N □ Y | 10 | attach additional pages to Your Statem | ent of Financial Affairs for Individuals F | Filing for Bankruptcy (Official Form 1 | 07)? |
| Did ■ N | - | pay or agree to pay someone who is no | ot an attorney to help you fill out bankru | ptcy forms? | |
| | | Name of Person Attach the Bankr | uptcy Petition Preparer's Notice, Declaration | on, and Signature (Official Form 119). | |
| | | | | | |

| Fill in this inform | nation to identify your case: |
|---------------------------------|--|
| Debtor 1 | Brian Keith Sawyer |
| Debtor 2 (Spouse, if filing) | Rene' Whitley Sawyer` |
| United States B | Sankruptcy Court for the: Eastern District of North Carolina |
| Case number (if known) | 17-01282-5 |

| Check as directed in lines 17 and 21: | |
|--|---|
| According to the calculations required by this Statement: | _ |
| 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | |
| 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | |
| ☐ 3. The commitment period is 3 years. | |
| 4. The commitment period is 5 years. | |
| ☐ Check if this is an amended filing | |

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any

additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 8,644.88 2,651.83 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not 0.00 0.00 filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property **Debtor 1** 3,717.94 \$ Gross receipts (before all deductions) 2.488.29 -\$ Ordinary and necessary operating expenses Copy Net monthly income from rental or other real 1,229.65 here -> \$ \$ 1.229.65 0.00 property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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| Debtor 1 Debtor 2 | | | | Case number | er (<i>if known</i>) | 17-0128 | 32-5 | |
|----------------------|--|---|--|---------------------------------|-------------------------|----------------------------|------------------------------------|------|
| | | | | Column A Debtor 1 | | Column Debtor 2 non-filir | | |
| 7. Ir | nterest, dividends, and royalties | | | \$ | 0.00 | \$ | 0.00 | |
| | nemployment compensation | | | \$ | 0.00 | \$ | 0.00 | |
| D | o not enter the amount if you contend ne Social Security Act. Instead, list it h | | was a benefit under | | | · | | |
| | For you | \$ | 0.00 | | | | | |
| | For your spouse | \$ | 0.00 | | | | | |
| | ension or retirement income. Do no enefit under the Social Security Act. | | ved that was a | \$ | 0.00 | \$ | 0.00 | |
| D re d | ncome from all other sources not list to not include any benefits received un eceived as a victim of a war crime, a comestic terrorism. If necessary, list other total below. | nder the Social Security Acrime against humanity, or i | t or payments nternational or | | | | | |
| | Payments received from | sale of business | | \$ | 0.00 | \$ | 2,062.00 | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate p | pages, if any. | + | \$ | 0.00 | \$ | 0.00 | |
| Part 2 | Determine How to Measure Yo | our Deductions from Inco | | 9,874.53 | + | 4,713.83 | Total average monthly incom | me |
| 13. C | alculate the marital adjustment. Ch | eck one: | | | | | · | |
| | You are not married. Fill in 0 below | v. | | | | | | |
| | You are married and your spouse | is filing with you. Fill in 0 b | elow. | | | | | |
| | You are married and your spouse | is not filing with you. | | | | | | |
| | Fill in the amount of the income lis dependents, such as payment of t | ted in line 11, Column B, the spouse's tax liability or | hat was NOT regula the spouse's suppo | arly paid for t rt of someor | he housel e other th | hold expens an you or y | ses of you or your our dependents. | |
| | Below, specify the basis for excludadjustments on a separate page. | ding this income and the ar | nount of income de | voted to eac | h purpose | . If necessa | ary, list additional | |
| | If this adjustment does not apply, e | enter 0 below. | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Total | | \$ | 0.0 | <u>00</u> co | py here=> | | 0.00 |
| 14. | Your current monthly income. Subt | tract line 13 from line 12. | | | | | \$14,588.3 | 36_ |
| 15. | Calculate your current monthly inco | ome for the year. Follow | hese steps: | | | | | |
| | 15a. Copy line 14 here=> | | | | | | \$14,588.3 | 36 |
| | Multiply line 15a by 12 (the num | | | | | | x 12 | |
| | 15b. The result is your current month | nly income for the year for t | his part of the form. | | | | \$ 175,060.3 | 32 |

Brian Keith Sawyer

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Rene' Whitley Sawyer' 17-01282-5 Debtor 2 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. NC 2 16b. Fill in the number of people in your household. 55.028.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 14,588.36 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 14,588.36 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 14,588.36 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 \$ 175,060.32 20b. The result is your current monthly income for the year for this part of the form 55,028.00 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment* period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4. The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Brian Keith Sawyer X /s/ Rene' Whitley Sawyer` **Brian Keith Sawyer** Rene' Whitley Sawyer' Signature of Debtor 1 Signature of Debtor 2 Date April 24, 2017 Date April 24, 2017 MM / DD / YYYY MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Brian Keith Sawyer

Debtor 1

| Fill in | this information | to identify you | r case: | | | | | | | |
|---------|--|---------------------------------------|---|-------------------------------------|----------------------------|-----------------------------------|-----------------|--------------|--------------|----------|
| Debto | Brian | Keith Sawyer | | | | | | | | |
| Debtoi | r 2 Rene' se, if filing) | Whitley Sawy | er` | | | | | | | |
| United | States Bankrupto | cy Court for the: | Eastern District | of North Carolina | a | | | | | |
| Case r | number <u>17-012</u> wn) | 282-5 | | | | | ☐ Chec | k if this is | an amende | d filing |
| | 1 Form 122C-2 pter 13 Ca | alculatio | n of Your | Disposal | ble Ind | come | | | | 04/10 |
| | out this form, you itment Period (O | | | y of Chapter 13 | Statement | t of Your Curi | rent Monthly | Income a | nd Calculati | ion of |
| space | complete and acc is needed, attach nal pages, write | n a separate she | et to this form, I | nclude the line | | | | | | |
| Part 1 | Calculate Y | our Deductions | from Your Inco | me | | | | | | |
| the | Internal Revenu questions in line rmation may als | es 6-15. To find | the IRS standard | ls, go online us | | | | | | |
| exp | luct the expense a enses if they are h C–1, and do not d | higher than the s | tandards. Do not | include any oper | ating expe | nses that you | subtracted fr | om income | | |
| If yo | our expenses diffe | er from month to | month, enter the a | average expense | | | | | | |
| Note | e: Line numbers 1 | -4 are not used | n this form. These | e numbers apply | to informa | tion required b | y a similar fo | orm used ir | chapter 7 ca | ases. |
| 5. | The number of | people used in | determining you | ır deductions fro | om incom | е | | | | |
| | | of any additiona | could be claimed I dependents who isehold. | | | | | | 2 | |
| Nat | ional Standards | You mu | ust use the IRS Na | ational Standards | s to answe | r the question | s in lines 6-7. | | | |
| 6. | | | s: Using the number to for food, clothin | | | n line 5 and th | e IRS Nation | al | \$ | 1,083.00 |
| 7. | the dollar amour people who are | nt for out-of-pock 65 or olderbeca | vance: Using the et health care. The ause older people may deduct the a | e number of peo have a higher IF | ple is split RS allowan | into two categ ce for health o | oriespeople | e who are ι | ınder 65 and | |

Official Form 22C-2

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Brian Keith Sawyer Debtor 1 Rene' Whitley Sawyer' 17-01282-5 Debtor 2 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. 108.00 108.00 Copy here=> People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 130 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. Copy here=> 0.00 7g. Total. Add line 7c and line 7f 108.00 Copy total here=> 108.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 552.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 965.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **PNC Mortgage** 1,500.00 Repeat this amount Сору 1,500.00 1.500.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Copy Subtract line 9b (total average monthly payment) from line 9a (mortgage 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:

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| Debtor 1 Debtor 2 | | Keith Sawyer ' Whitley Sawyer` | | | Case number (if known | 17-01282-5 | |
|----------------------|------------------------|---|--|--------------------------|------------------------|---|-----------------|
| 11. | Local tra | Insportation expenses | s: Check the number of vehic | cles for which you clair | m an ownership or o | perating expense. | |
| | □ 0. Go | to line 14. | | | | | |
| | ☐ 1. Go | to line 12. | | | | | |
| | ■ 2 or m | nore. Go to line 12. | | | | | |
| 12. | | | sing the IRS Local Standards perating Costs that apply for | | | | \$ 440.00 |
| 13. | You may | | tpense: Using the IRS Local if you do not make any loan | | | | |
| Ve | hicle 1 | Describe Vehicle 1: | 2013 Toyota Tacoma 5 5TFLU4EN4DX077688 | 3000 miles Clean F | Retail Value VIN # | t | |
| 13a. | . Ownersh | ip or leasing costs usin | g IRS Local Standard | | \$47 | 1.00 | |
| 13b. | • | monthly payment for al clude costs for leased v | I debts secured by Vehicle 1 vehicles. | | | | |
| | are contra | | ly payment here and on line cured creditor in the 60 mon | | hat | | |
| | Nan | ne of each creditor for | r Vehicle 1 | Average monthly payment | | | |
| | Car | max Auto Finance | | \$ 264.81 | _ | | |
| | | Total A | Average Monthly Payment | \$ 264.81 | Copy here => -\$ | Repeat to amount of line 33b. | on |
| 13c. | | cle 1 ownership or lease line 13b from line 13a. | e expense if this number is less than \$0 | , enter \$0 | | Copy net Vehicle 1 expense he => | ere \$206.19 |
| Ve | hicle 2 | Describe Vehicle 2: | | | | | |
| 13d. | . Ownersh | ip or leasing costs usin | g IRS Local Standard | | \$ | 0.00 | |
| 13e. | . Average leased ve | , , , | I debts secured by Vehicle 2 | . Do not include costs | for | | |
| | Nan | ne of each creditor for | r Vehicle 2 | Average monthly payment | | | |
| | -NC | NE- | | \$ | | | |
| | | Total a | average monthly payment | \$ 0.00 | Copy here => -\$ | Repeat this amount on I 33c. | |
| 13f. | | cle 2 ownership or leas | • | | | Copy net Vehicle 2 | |
| | Subtract | line 13e from line 13d. | if this number is less than \$0 | , enter \$0 | | 0.00 expense he | ere \$ 0.00 |
| 14. | | | e: If you claimed 0 vehicles e allowance regardless of | | | ds, fill in the | \$ |
| 15. | also dedu | uct a public transportati | on expense: If you claimed on expense, you may fill in water Standard for Public Trans | hat you believe is the | | e, but you may | \$ |

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Debtor 1 Debtor 2 Rene' Whitley Sawyer Case number (if known) 17-01282-5

| Oth | er Nece | | n addition to the expense one following IRS categories | | s listed above, | you are allowed your monthly expense | s for | |
|-----|--------------------------------------|--|---|-------------------------------------|------------------------------------|--|----------|----------|
| 16. | self-er your p and su | nployment taxes, social ay for these taxes. How | I security taxes, and Medic vever, if you expect to rece in the total monthly amount | are taxes | s. You may inc refund, you m | d local taxes, such as income taxes, slude the monthly amount withheld from ust divide the expected refund by 12 for taxes. | \$ | 2,773.11 |
| 17. | | ntary deductions: The | e total monthly payroll ded | uctions th | nat your job red | quires, such as retirement | | |
| | | | | o, such a | s voluntary 40 | 1(k) contributions or payroll savings. | \$ | 86.67 |
| 18. | filing to Do not | ogether, include payme | nts that you make for your ife insurance on your depe | spouse's | s term life insu | e insurance. If two married people are rance. spouse's life insurance, or for any form | \$ | 0.00 |
| 19. | admin | strative agency, such a | he total monthly amount thas spousal or child support | payment | ts. | | c | 0.00 |
| | | | | | | ou will list these obligations in line 35. | \$ | 0.00 |
| 20. | | ition: The total monthly a condition for your job | γ amount that you pay for ϵ | ducation | that is either r | required: | | |
| | for | your physically or ment | tally challenged dependent | child if n | o public educa | ation is available for similar services. | \$ | 0.00 |
| 21. | | • | amount that you pay for clany elementary or secondary | - | • | itting, daycare, nursery, and preschool. | \$ | 0.00 |
| 22. | that is | required for the health | nses, excluding insurand and welfare of you or your Include only the amount th | depende | ents and that is | amount that you pay for health care s not reimbursed by insurance or paid Il entered in line 7. | | |
| | Payme | ents for health insuranc | e or health savings accour | nts should | d be listed only | in line 25. | \$ | 198.46 |
| 23. | for you phone income Do not | and your dependents, service, to the extent ne, if it is not reimbursed include payments for the services. | such as pagers, call waiting ecessary for your health a by your employer. pasic home telephone, inte | ng, caller nd welfar rnet and | identification, re or that of you | you pay for telecommunication services special long distance, or business cell ur dependents or for the production of vice. Do not include self-employment | +\$ | 0.00 |
| | · | • | | | • | ount you previously deducted. | | 5,447.43 |
| 24. | | II of the expenses allo nes 6 through 23. | owed under the IRS expe | nse allov | vances. | | \$ | 3,447.43 |
| Add | litional | Expense Deductions | These are additional d Note: Do not include a | | | | | |
| 25. | insura | | | | | ses. The monthly expenses for health ly necessary for yourself, your spouse, or | or | |
| | Health | insurance | | \$ | 291.02 | | | |
| | Disabi | lity insurance | | \$ | 0.00 | | | |
| | Health | savings account | + | \$ | 0.00 | ٦ | | |
| | Total | | | \$ | 291.02 | Copy total here=> | \$ | 291.02 |
| | Do you | u actually spend this tot | al amount? | | | J | | |
| | | No. How much do you | actually spend? | | | | | |
| | | Yes | | \$ | | | | |
| 26. | conting your h | ue to pay for the reasor ousehold or member of | nable and necessary care | and supp o is unab | ort of an elder le to pay for s | e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may 29A(b) | \$ | 0.00 |
| 27. | Protec | ction against family vi | olence. The reasonably no | ecessary | monthly expe | nses that you incur to maintain the es Act or other federal laws that apply. | | |
| | • | | he nature of these expense | | | | \$ | 0.00 |

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| ebtor 2 | Brian Keith Sawyer Rene' Whitley Sawyer` | Ca | ase number (<i>if kno</i> | _{vn)} 17 | -01282 | 2-5 | |
|-----------------------------------|--|--|-----------------------------------|--|--------------------|----------------|--------------------|
| | Additional home energy costs. Your hom ine 8. | e energy costs are included in your insurance | ce and operation | ng exper | ises on | | |
| | If you believe that you have home energy c 8, then fill in the excess amount of home er | osts that are more than the home energy costergy costs | sts included in | expense | es on lin | е | |
| | You must give your case trustee document amount claimed is reasonable and necessa | ation of your actual expenses, and you must ary. | show that the | addition | al | \$_ | 0.0 |
| | Education expenses for dependent child \$160.42* per child) that you pay for your de public elementary or secondary school. | Iren who are younger than 18. The monthly pendent children who are younger than 18 y | y expenses (n rears old to att | ot more t end a pri | han vate or | | |
| | You must give your case trustee document claimed is reasonable and necessary and r | ation of your actual expenses, and you must not already accounted for in lines 6-23. | explain why the | ne amou | nt | | |
| | * Subject to adjustment on 4/01/19, and eve | ery 3 years after that for cases begun on or a | after the date o | of adjustr | nent. | \$_ | 0.0 |
| | | he monthly amount by which your actual foo allowances in the IRS National Standards. ⁻ s in the IRS National Standards. | | | | | |
| | | ional allowance, go online using the link sper so be available at the bankruptcy clerk's offic | | parate | | | |
| | You must show that the additional amount of | claimed is reasonable and necessary. | | | | \$_ | 0.0 |
| | Continuing charitable contributions. The instruments to a religious or charitable orga | amount that you will continue to contribute inization. 11 U.S.C. § 548(d)(3) and (4). | n the form of o | cash or fi | nancial | | |
| | Do not include any amount more than 15% | of your gross monthly income. | | | | \$_ | 0.0 |
| | Add all of the additional expense deduct Add lines 25 through 31. | ions. | | | | \$ | 291.02 |
| | | | | | | | |
| | ctions for Deht Payment | | | | | | |
| Dedu | ctions for Debt Payment | | | vahiala | | | |
| Dedu | • | in property that you own, including home 33a through 33e. | mortgages, | vehicle | | | |
| Dedu 33. F | or debts that are secured by an interest bans, and other secured debt, fill in lines | 33a through 33e. ent, add all amounts that are contractually de | | | | | |
| Dedu 33. F | or debts that are secured by an interest pans, and other secured debt, fill in lines or calculate the total average monthly paym | 33a through 33e. ent, add all amounts that are contractually de | | | | | ge monthly |
| Dedu 33. F | or debts that are secured by an interest bans, and other secured debt, fill in lines or calculate the total average monthly paymeditor in the 60 months after you file for bank of the control of the con | 33a through 33e. ent, add all amounts that are contractually donkruptcy. Then divide by 60. | ue to each sec | | => | Avera payme | ent |
| 33. F | or debts that are secured by an interest bans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bank Mortgages on your home Copy line 9b here | 33a through 33e. ent, add all amounts that are contractually de | ue to each sec | | | paymo | |
| 33. F | or debts that are secured by an interest pans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home Copy line 9b here Loans on your first two vehicles | 33a through 33e. ent, add all amounts that are contractually donkruptcy. Then divide by 60. | ue to each sec | cured | | paymo | 1,500.00 |
| 33. F ld T c: 33a. 33b. | or debts that are secured by an interest bans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bank Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here | 33a through 33e. ent, add all amounts that are contractually donkruptcy. Then divide by 60. | ue to each sec | cured | => | \$\$ | 1,500.00 264.81 |
| 33. F lc T c 33a. 33b. 33c. | or debts that are secured by an interest bans, and other secured debt, fill in lines or calculate the total average monthly paymeditor in the 60 months after you file for band Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here | 33a through 33e. ent, add all amounts that are contractually donkruptcy. Then divide by 60. | ue to each sec | cured | | paymo | 1,500.00 |
| 33. F ld T cl 33a. 33b. 33c. 33d. | or debts that are secured by an interest bans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bank Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here | 33a through 33e. ent, add all amounts that are contractually donkruptcy. Then divide by 60. | ue to each sec | cured | => /ment | \$\$ | 1,500.00 264.81 |
| 33. F ld T cl 33a. 33b. 33c. 33d. | or debts that are secured by an interest bans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bank of Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | 33a through 33e. ent, add all amounts that are contractually denkruptcy. Then divide by 60. | ue to each sec | Ooes pay | => /ment | \$\$ | 1,500.00 264.81 |
| 33. F ld T cl 33a. 33b. 33c. 33d. | or debts that are secured by an interest bans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bank of Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | 33a through 33e. ent, add all amounts that are contractually denkruptcy. Then divide by 60. | ue to each sec | Does paynolude to | => /ment axes nce? | \$\$ | 1,500.00 264.81 |
| 33. F ld T cl 33a. 33b. 33c. 33d. | or debts that are secured by an interest bans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for band Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | 33a through 33e. ent, add all amounts that are contractually denkruptcy. Then divide by 60. | ue to each sec | Does pay nclude to rinsurar | => /ment axes nce? | \$\$ | 1,500.00 264.81 |
| 33. F ld T cl 33a. 33b. 33c. 33d. | or debts that are secured by an interest bans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for band Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | 33a through 33e. ent, add all amounts that are contractually denkruptcy. Then divide by 60. | ue to each sec | Does pay notude to rinsurar | => /ment axes nce? | \$\$ | 1,500.00 264.81 |
| 33. F ld T cl 33a. 33b. 33c. 33d. | or debts that are secured by an interest bans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for band Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | 33a through 33e. ent, add all amounts that are contractually denkruptcy. Then divide by 60. | ue to each sec | Does pay nclude to rinsurar | => /ment axes nce? | \$\$ | 1,500.00 264.81 |
| 33. F ld T cl 33a. 33b. 33c. 33d. | or debts that are secured by an interest bans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for band Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | 33a through 33e. ent, add all amounts that are contractually denkruptcy. Then divide by 60. | ue to each sec | Ooes pay nclude to rinsural No Yes | => /ment axes nce? | \$\$ | 1,500.00 264.81 |
| 33. F ld T cl 33a. 33b. 33c. 33d. | or debts that are secured by an interest bans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for band Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | 33a through 33e. ent, add all amounts that are contractually denkruptcy. Then divide by 60. | ue to each sec | Ooes pay nclude to rinsural No Yes | => /ment axes nce? | \$\$ | 1,500.00 264.81 |
| 33. F ld T cl 33a. 33b. 33c. 33d. | or debts that are secured by an interest bans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for band Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | 33a through 33e. ent, add all amounts that are contractually denkruptcy. Then divide by 60. | ue to each sec | Does pay nclude to rinsural No Yes No No | => /ment axes nce? | \$ \$ \$ | 1,500.00 264.81 |

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Brian Keith Sawyer Debtor 1 Rene' Whitley Sawyer` 17-01282-5 Debtor 2 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt **Total cure amount** Monthly cure amount -NONE- $\div 60 = $$ Сору total 0.00 0.00 Total \$ here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. The Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 0.00 ÷60 \$ 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total Average monthly administrative expense here=> \$ 1,764.81 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 5,447.43 expense allowances Copy line 32, All of the additional expense deductions 291.02 Copy line 37, All of the deductions for debt payment +\$ 1,764.81 7,503.26 7,503.26 Total deductions..... Copy total here=>

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| | ian Keith Sa ne' Whitley | | Case | e num | ber (if known) 17 | 7-01282-5 | |
|---|---|---|---|---------------------------|---|--------------------|-----------|
| 2: D | etermine You | ır Disposable Income Under 11 U.S.C. § 1325(| b)(2) | | | | |
| | | rent monthly income from line 14 of Form 122 Current Monthly Income and Calculation of Co | | | | \$ | 14,588.36 |
| childre disabilit receive | en. The month ty payments fo ed in accordan | If y necessary income you receive for support by average of any child support payments, foster or a dependent child, reported in Part I of Form 1 ce with applicable nonbankruptcy law to the exteended for such child. | care payments, or 22C-1, that you | \$ | 0 | .00 | |
| employ in 11 U | er withheld fro .S.C. § 541(b) | etirement deductions. The monthly total of all a pm wages as contributions for qualified retirement (7) plus all required repayments of loans from re. § 362(b)(19). | t plans, as specified | \$ | 2,088 | 3.49 | |
| . Total o | f all deductio | ons allowed under 11 U.S.C. § 707(b)(2)(A). Co | py line 38 here=> | > \$ | 7,503 | .26 | |
| expens their ex | ses and you ha openses. You i | ial circumstances. If special circumstances justi ave no reasonable alternative, describe the speci must give your case trustee a detailed explanation ocumentation for the expenses. | al circumstances and | d | | | |
| escribe t | he special ci | rcumstances | Amount of expe | nse | | | |
| | | | \$ | | - | | |
| | | | \$ | | _ | | |
| | | | \$ | | _ | | |
| | | Total \$ | 0.00 | Co | py re=> \$ | 0.00 | |
| . Total a | djustments. | Add lines 40 through 43. | => [\$ | \$ | 9,591.75 | Copy here=> -\$ | 9,591.75 |
| . Calcula | ate your mon | thly disposable income under § 1325(b)(2). So | ubtract line 44 from li | ne 3 | 9. | \$ | 4,996.61 |
| 3: C | hange in Inco | ome or Expenses | | | | | |
| have ch time yo you file wages | hanged or are bur case will be d your petition increased, fill | or expenses. If the income in Form 122C-1 or the virtually certain to change after the date you filed e open, fill in the information below. For example a, check 122C-1 in the first column, enter line 2 in when the increase occurred, and fill in the among | d your bankruptcy pe , if the wages reporte n the second column, punt of the increase. | tition ed inc , exp | and during the creased after lain why the | | |
| orm | Line | Reason for change | Date of change | | Increase or decrease? | Amount | of change |
| 122C-1 122C-2 122C-1 | 2 | Debtors have either sold and/or surrendered their rental properties and they will no long be receiving income from the rentals. Payments being received from the sale | 3/15/17 | | ☐ Increase ☐ Decrease ☐ Increase | \$ <u> </u> | Jnknown_ |
| 122C-2 122C-1 122C-2 122C-1 | | of the business will cease. | May, 2018 | | Decrease Increase Decrease Increase | \$ | 2,062.00 |
| 122C-2 | | | | | ☐ Decrease | \$ | |

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| Debtor 1 Debtor 2 | Brian Keith Sawyer Rene' Whitley Sawyer` | Case number (<i>if known</i>) 17-01282-5 |
|----------------------|--|---|
| Part 4: | Sign Below | |
| E | By signing here, under penalty of perjury you declare that the informa | ation on this statement and in any attachments is true and correct. |
| X | /s/ Brian Keith Sawyer | X /s/ Rene' Whitley Sawyer` |
| | Brian Keith Sawyer | Rene' Whitley Sawyer` |
| _ | Signature of Debtor 1 | Signature of Debtor 2 |
| Date | | Date April 24, 2017 |
| | MM / DD / YYYY | MM / DD / YYYY |
| | | |
| | | |

Debtor 1 Debtor 2 Rene' Whitley Sawyer Case number (if known) 17-01282-5

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 09/01/2016 to 02/28/2017.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: Simpson Strong Tie

Constant income of \$8,644.88 per month.*

Line 6 - Rent and other real property income

Source of Income: **Rental Income** Income/Expense/Net by Month:

| | Date | Income | Expense | Net |
|---------------|--------------------|------------|-----------------------------|------------|
| 6 Months Ago: | 09/2016 | \$3,672.04 | \$1,734.85 | \$1,937.19 |
| 5 Months Ago: | 10/2016 | \$4,569.34 | \$2,148.85 | \$2,420.49 |
| 4 Months Ago: | 11/2016 | \$3,626.64 | \$2,384.85 | \$1,241.79 |
| 3 Months Ago: | 12/2016 | \$2,717.64 | \$2,278.37 | \$439.27 |
| 2 Months Ago: | 01/2017 | \$7,722.00 | \$6,382.84 | \$1,339.16 |
| Last Month: | 02/2017 | \$0.00 | \$0.00 | \$0.00 |
| _ | Average per month: | \$3,717.94 | \$2,488.29 | |
| | _ | | Average Monthly NET Income: | \$1,229.65 |

Debtor 1 Debtor 2 Brian Keith Sawyer Rene' Whitley Sawyer

Case number (if known)

17-01282-5

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 09/01/2016 to 02/28/2017.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: Albemarle Urgent Care, Inc.

Constant income of \$1,633.33 per month.*

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: Welcome Home Realty(United Co

Constant income of \$1,018.50 per month.*

Line 10 - Income from all other sources

Source of Income: Payments received from sale of business

Income by Month:

| 6 Months Ago: | 09/2016 | \$2,062.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 10/2016 | \$2,062.00 |
| 4 Months Ago: | 11/2016 | \$2,062.00 |
| 3 Months Ago: | 12/2016 | \$2,062.00 |
| 2 Months Ago: | 01/2017 | \$2,062.00 |
| Last Month: | 02/2017 | \$2,062.00 |
| | Average per month: | \$2,062.00 |

Debtor 1 Debtor 2 Rene' Whitley Sawyer Case number (if known) 17-01282-5

*Paycheck Details:

Simpson Strong Tie

| Date | Earnings | Overtime | Taxes | Other | Net Check |
|-------------------------------|----------------------|----------|------------------|------------------|-----------|
| 2016-09-01 | 1,519.36 | 0.00 | 435.92 | 468.08 | 615.36 |
| 2016-09-08 | 1,559.38 | 0.00 | 436.35 | 511.46 | 611.57 |
| 2016-09-15 | 1,599.43 | 0.00 | 436.86 | 511.68 | 650.89 |
| | - | | | | |
| 2016-09-22 | 1,639.43 | 0.00 | 436.02 | 511.24 | 692.17 |
| 2016-09-29 | 1,679.43 | 0.00 | 436.01 | 511.24 | 732.18 |
| 2016-10-06 | 1,719.43 | 0.00 | 436.02 | 511.24 | 772.17 |
| 2016-10-13 | 1,518.37 | 0.00 | 456.20 | 247.87 | 814.30 |
| 2016-10-24 | 1,800.45 | 0.00 | 738.71 | 0.00 | 1,061.74 |
| 2016-10-27 | 1,846.45 | 0.00 | 557.13 | 548.01 | 741.31 |
| 2016-11-03 | 1,886.45 | 0.00 | 435.92 | 482.08 | 968.45 |
| 2016-11-10 | 2,072.07 | 0.00 | 577.67 | 474.84 | 1,019.56 |
| 2016-11-17 | 1,979.47 | 0.00 | 557.14 | 577.79 | 844.54 |
| 2016-11-22 | 2,206.97 | 0.00 | 627.30 | 616.26 | 963.41 |
| 2016-11-23 | 2,019.47 | 0.00 | 436.01 | 511.85 | 1,071.61 |
| 2016-11-30 | 1,969.79 | 0.00 | 475.89 | 533.78 | 960.12 |
| 2016-12-08 | 2,111.47 | 0.00 | 636.96 | 621.71 | 852.80 |
| 2016-12-15 | 2,157.47 | 0.00 | 557.14 | 577.74 | 1,022.59 |
| 2016-12-29 | 2,250.99 | 0.00 | 511.31 | 555.93 | 1,183.75 |
| 2017-01-05 | 1,628.27 | 0.00 | 435.14 | 511.85 | 681.28 |
| 2017-01-12 | 2,180.25 | 0.00 | 616.72 | 611.21 | 952.32 |
| 2017-01-19 | 100.00 | 0.00 | 0.00 | 0.00 | 100.00 |
| 2017-01-19 | 2,309.18 | 0.00 | 655.16 | 634.41 | 1,019.61 |
| 2017-01-13 | 2,337.48 | 0.00 | 664.82 | 639.51 | 1,033.15 |
| 2017-01-20 | 2,337.46 2,144.34 | 0.00 | 742.10 | 0.00 | 1,402.24 |
| | 2,144.54 2,274.59 | 0.00 | 742.10 740.37 | | 900.55 |
| 2017-02-02 | • | | | 633.67 | |
| 2017-02-09 | 1,804.16 | 0.00 | 424.86 | 548.99 525.70 | 830.31 |
| 2017-02-16 | 1,877.12 | 0.00 | 445.00 | 525.79 | 906.33 |
| 2017-02-23 | 1,678.00 | 0.00 | 445.62 | 526.37 | 706.01 |
| Totals: | 51,869.27 | 0.00 | 14,354.35 | 13,404.60 | 24,110.32 |
| Albemarle Urgent Care, Inc. | | | | | |
| Date | Earnings | Overtime | Taxes | Other | Net Check |
| 2016-09-02 | 1,200.00 | 0.00 | 268.98 | 120.00 | 811.02 |
| 2016-09-16 | 1,200.00 | 0.00 | 268.98 | 120.00 | 811.02 |
| 2016-09-30 | 1,200.00 | 0.00 | 268.98 | 120.00 | 811.02 |
| 2016-10-14 | 1,200.00 | 0.00 | 293.98 | 0.00 | 906.02 |
| 2016-10-14 | 1,000.00 | 0.00 | 236.68 | 512.40 | 250.92 |
| | 1,000.00 | | | | |
| 2016-11-10 | , | 0.00 | 236.68 | 0.00 | 763.32 |
| 2016-11-25 | 1,000.00 | 0.00 | 236.68 | 0.00 | 763.32 |
| 2016-12-09 | 1,000.00 | 0.00 | 236.68 | 0.00 | 763.32 |
| 2016-12-23 | 1,000.00 | 0.00 | 236.68 | 0.00 | 763.32 |
| Totals: | 9,800.00 | 0.00 | 2,284.32 | 872.40 | 6,643.28 |
| Welcome Home Realty(United Co | ountry Dowd) | | | | |
| Date | Earnings | Overtime | Taxes | Other | Net Check |
| 2017-01-19 | 3,960.00 | 0.00 | 0.00 | 723.51 | 3,236.49 |
| 2017-01-13 | 2,151.00 | 0.00 | 0.00 | 0.00 | 2,151.00 |
| Totals: | 6,111.00 | 0.00 | 0.00 | 723.51 | 5,387.49 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| · | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-01282-5-JNC Doc 18 Filed 04/24/17 Entered 04/24/17 17:09:56 Page 60 of 60

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of North Carolina

| In | re | Brian Keith Sa Rene' Whitley | | | | Case No. | 17-01282-5 | |
|-----|----------|---|----------------|--|--|---------------------|------------------------------------|----|
| | | | | , - | Debtor(s) | Chapter | 13 | |
| 1. | | rsuant to 11 U .S. | C. § 3 | 29(a) and Fed. Bankr. P. 20 | ENSATION OF ATTOR | y for the above nan | ned debtor(s) and that | |
| | | | | | iling of the petition in bankruptcy, on of or in connection with the bankr | | |) |
| | | - | | | | | 5,000.00 | |
| | | Prior to the filir | ng of t | his statement I have receive | ed | \$ | 1,000.00 | |
| | | Balance Due | | | | \$ | 4,000.00 | |
| 2. | \$_ | 450.00 of the | filing | g fee has been paid. | | | | |
| 3. | Th | e source of the co | mpen | sation paid to me was: | | | | |
| | | Debtor | | Other (specify): | | | | |
| 4. | Th | e source of compe | ensatio | on to be paid to me is: | | | | |
| | | Debtor | | Other (specify): | | | | |
| 5. | | I have not agree | d to sł | nare the above-disclosed con | mpensation with any other person un | nless they are mem | bers and associates of my law fire | m. |
| | | | | | ensation with a person or persons wh names of the people sharing in the c | | | |
| 5. | In | return for the abo | ve-dis | sclosed fee, I have agreed to | render legal service for all aspects | of the bankruptcy c | ase, including: | |
| | b. c. | Preparation and f Representation o | iling of the c | of any petition, schedules, s lebtor at the meeting of cred | ndering advice to the debtor in deter- tatement of affairs and plan which n litors and confirmation hearing, and | nay be required; | | |
| | d. | reaffirmat | ons w | ith secured creditors to | o reduce to market value; exen tions as needed; preparation a nousehold goods. | | | |
| 7. | Ву | Represen | tatio | | fee does not include the following s dischargeability actions, judici | | es, relief from stay actions o |)r |
| | | | | | CERTIFICATION | | | |
| thi | | ertify that the fore kruptcy proceedir | | is a complete statement of | any agreement or arrangement for p | ayment to me for r | epresentation of the debtor(s) in | |
| | Apr | il 24, 2017 | | | /s/ Richard C Poole | • | | |
| | Date | | | | Richard C Poole | | | |
| | | | | | Signature of Attorney Law Office of Rich | ard C Poole | | |
| | | | | | 1510 E. Arlington E Greenville, NC 278 | | | |
| | | | | | (252)353-4455 Fax | | | |
| | | | | | kristi@rpoolelaw.c | om | | |